

DFCM Roofing History Record
Steep Slope Roofing

State Building #

DFCM Project #

Facility Name:

Building Name and Address:

Roof Section Description:

Roofing Contractor Name and Address:

Sub-contractors:

Roof System manufacture:

Installation Date:

Warranty Information:

Manufacture:

Contractor:

Roof Area (sq./ft.)

Building Use:

Height above Ground:

Access to Roof Area: Ladder_____ Roof Hatch_____ Stairs_____

Roof System Information

New Construction:_____ Re-Roof:_____ Old Roof Removed: Yes_____ No_____

Comments:_____

Deck Type:

Slope:

Insulation:

Type: Location: Attachment:

Base Sheet:

Brand Name_____ Manufacture_____ Attachment_____

Ice and Water Shield

Brand Name_____ Manufacture_____ Location_____

System Type: Shingle_____ Tile_____ Metal_____ Wood_____ Other_____

Brand Name_____ Manufacture_____

20yr_____ 25yr_____ 30yr_____ 40yr_____ Other_____

Drainage:

Internal Roof Drains_____ Perimeter Gutter_____ Internal Gutter_____ Scuppers_____

Manufacture: Size: Length:

Details:

Walls:_____

Edge:_____

Expansion Joints:_____

Walkways:_____

Other:_____

Roof Top Equipment:

Mechanical: Unit Types:_____ Curb Types:_____

Quantity_____

Fans/Vents: Unit Types:_____ Curb Types:_____

Quantity_____

ty_____

Other: Unit Types:_____ Curb Types:_____

Quanti
ty_____

Pipe Penetrations:

1"	Quantity:_____	Flashing Type:_____
1 1/2 "	Quantity:_____	Flashing Type:_____
2"	Quantity:_____	Flashing Type:_____
3"	Quantity:_____	Flashing Type:_____
4"	Quantity:_____	Flashing Type:_____
5"	Quantity:_____	Flashing Type:_____
6"	Quantity:_____	Flashing Type:_____
Other	Quantity:_____	Flashing Type:_____

Additional Comments or Drawings:_____

DFCM USE ONLY	
State building #_____	Vendor ID_____
Installation year _____	Roof type _____
Manufacturer _____	Deck type _____