**Green Roof Inspections and Maintenance Checklist**

 -Site Name: Owner Change since last inspection? Y N

Location:

Owner Name:

Address: Phone Number:

Site Status:

Date: Time: Site conditions:

\*\*\*Green roof inspections should occur twice per year during the growing season. Please submit both checklists once annually. Green Roof Type: Extensive Roof Cover  Intensive Roof Garden 

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms; G=monthly during April-September growing season only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Drainage** |
| Gutter inlets blocked by plant debris/trashor plant growth hindered by debris? | *M* |  |  |  |
| Roof drains and scuppers overgrown or fullof organic matter? | *2x per**Yr* |  |  |  |
| Standing water present? | *M* |  |  |  |
| **Vegetation** |
| Evidence of additional irrigation needs? | *G* |  |  |  |
| Fallen leaves/debris interfering with plant health? | *M* |  |  |  |
| Dead plants to be replaced? | *M* |  |  |  |
| Need for weeding/mowing/trimming? | *G* |  |  |  |
| **Soil Substrate/Growing Medium** |
| Evidence of wind or water erosion? | *A* |  |  |  |
| **Structural Components** |
| Evidence of structural deterioration? | *A* |  |  |  |
| Load-bearing walls in good condition? | *A* |  |  |  |
| Spalling or cracking of structural parts? | *A* |  |  |  |
| Access/maintenance routes maintained and free of debris? | *M* |  |  |  |
| Mechanical units free of leaks or spills? | *M* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Hazards** |
| Have there been complaints fromresidents? | *M* |  |  |  |
| Public hazards noted? | *M* |  |  |  |

Inspector Comments:

**Overall Condition of Facility**:  Acceptable  Unacceptable

# If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

|  |  |
| --- | --- |
| **Maintenance Action Needed** | **Due Date** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The next routine inspection is scheduled for approximately:

(date) **Inspected by: (signature) Inspected by: (printed)**