



# Carlisle Continu-Care Preventative Maintenance Program

## Annual Inspection Checklist

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Inspector: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

	OK	PROBLEM		ADDITIONAL WORK NECESSARY		COMMENTS
		Minor	Major	Location#	Repair Needed	
<input type="checkbox"/> Metal Edge						
<input type="checkbox"/> Securement/Adhesion of Membrane						
<input type="checkbox"/> Adhesion of Flashing						
<input type="checkbox"/> Membrane Splices						

	OK	PROBLEM		ADDITIONAL WORK NECESSARY		COMMENTS
		Minor	Major	Location#	Repair Needed	
<input type="checkbox"/> Pourable Sealer Pockets						
<input type="checkbox"/> Pipe Seals <ul style="list-style-type: none"> <li>• WCOM</li> <li>• SS Clamping Ring</li> </ul>						
<input type="checkbox"/> Split Pipe Seals <ul style="list-style-type: none"> <li>• WCOM</li> <li>• SS Clamping Ring</li> </ul>						
<input type="checkbox"/> Field Fabricated Pipe Seals						
<input type="checkbox"/> Drains <ul style="list-style-type: none"> <li>• WCOM</li> <li>• Hole Size</li> <li>• Target Patch</li> </ul>						
<input type="checkbox"/> Scuppers <ul style="list-style-type: none"> <li>• Sealed on the outside?</li> </ul>						
<input type="checkbox"/> Inside Corners						

	OK	PROBLEM		ADDITIONAL WORK NECESSARY		COMMENTS
		Minor	Major	Location#	Repair Needed	
<input type="checkbox"/> Bridged Flashing						
<input type="checkbox"/> Fishmouth						
<input type="checkbox"/> Outside Corners						
<input type="checkbox"/> Expansion Joint						
<input type="checkbox"/> Protection at Access Points						
<input type="checkbox"/> Protection Under Units Set on Membrane						
<input type="checkbox"/> All Membrane Termination Details						

Description of Repairs Completed with Photos

[Empty box for description of repairs]

Six (6) photos of roof conditions and critical details must be submitted with this form. Also, if major or minor problem areas exist, a roof drawing identifying the problem location must be submitted with this form.

Comments

[Empty lines for comments]

Annual inspection and maintenance must be performed within 60 days prior to each anniversary of the installation completion date for the duration of the original warranty. A copy of the Carlisle Inspection and Maintenance Checklist and rooftop photos (at least 6 photos showing the condition of the roof and critical details) must be submitted to Carlisle by the Authorized Contractor within 30 days after the inspection. Documentation and photos can be submitted by mail to Carlisle Warranty Services, Attention Continu-Care, PO Box 1289, Carlisle, PA 17013, or by email to continuicare@carlisleccm.com.

Weather Conditions at Time of Evaluation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

