

ROOFING COMPANY: _____	CT FILE #: _____
ADDRESS: _____	BLDG: _____
CITY, STATE, ZIP: _____	ADDRESS: _____
PHONE: _____	CITY, STATE, ZIP: _____
ATTN: _____	INSPECTOR: _____
FAXED: _____	DATE OF INSPECTION: _____

## IMPORTANT – Punch list below is to be completed, signed, and faxed before warranty is eligible to be issued.

FOLLOWING TO BE COMPLETED UPON FINAL INSPECTION:

☐ RE-INSPECTION REQUIRED

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

### OTHER RECOMMENDATIONS / OTHER TRADE-RELATED WORK TO BE COMPLETED:

- ☐ Top-off pitch pans \_\_\_\_\_
- ☐ Extend A/C condensate lines to drain \_\_\_\_\_
- ☐ Remove trash from roof and clear blockage from drains/scuppers \_\_\_\_\_
- ☐ Put pads under conduit and piping block supports \_\_\_\_\_
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_

The above described punch list items and recommendations have been completed.

Contractor (Owner or Officer of Company) _____	_____
Signature	Date

To be eligible for issuance of the warranty on the above subject roof, contractor must sign off on completed work and fax this copy to: (610) 341-6242, Commercial Warranty Department.

CertainTeed Roofing Products Group – 1400 Union Meeting Road, PO Box 1100, Blue Bell, PA 19422  
Attn: Commercial Warranty Department – Phone: 800-396-8134 – Fax: 610-254-5458