

**Green Roof Practices**

<b>Party Responsible for Maintenance:</b>		<b>Practice ID:</b>	
		<b>Location:</b>	
<b>Contact:</b>		<b>GPS Coordinates:</b>	
<b>Phone Number:</b>			
<b>E-mail:</b>		<b>Inspector(s):</b>	
<b>Mailing Address:</b>			
		<b>Date:</b>	<b>Time:</b>

**Key Questions**

Item	X	Comments
1. Type of vegetated roof (check all that apply)		
a. Extensive - shallow soil	<input type="checkbox"/>	
b. Intensive - deep soil	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	Type: _____
2. Type of plant cover (check all that apply)		
a. Sedums	<input type="checkbox"/>	
b. Shrubs	<input type="checkbox"/>	
c. Trees	<input type="checkbox"/>	
d. Other	<input type="checkbox"/>	Type: _____

**A. Practice**

0 = Good condition. Well maintained, no action required.  
 1 = Moderate condition. Adequately maintained, routine maintenance needed.  
 2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.  
 3 = Serious condition. Immediate need for repair or replacement.

Inspected  
 Not Inspected

Item	0	1	2	3	N/A	Comments
1. Maintenance access to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Condition of structural components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Condition of hydraulic control components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Excessive trash/debris/sediment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Evidence of leaking in waterproof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Evidence of perforated root barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Evidence of standing water:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Ponding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Noticeable odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Water stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Presence of algae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Roof drain system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Plant composition consistent with approved plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Presence of invasive species/weeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Plants appear nutrient deficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Evidence of birds/pests removing plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Dead/sparse vegetation soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<b>B. Outlets</b>									
0 = Good condition. Well maintained, no action required.									
1 = Moderate condition. Adequately maintained, routine maintenance needed.									
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3 = Serious condition. Immediate need for repair or replacement.									
Inspected									
Not Inspected									
<b>Item</b>					<b>Comments</b>				
1.	Roof drain conveyance is clogged	0	1	2	3	N/A			
2.	Excessive trash/debris/sediment accumulation at roof drain outlets	0	1	2	3	N/A			
3.	Evidence of erosion at/around outlet	0	1	2	3	N/A			
<b>C. Miscellaneous</b>									
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3 = Serious condition. Immediate need for repair or replacement.									
Inspected									
Not Inspected									
<b>Item</b>					<b>Comments</b>				
1.	Complaints from local residents	0	1	2	3	N/A			
2.	Mosquito proliferation	0	1	2	3	N/A			
<b>Inspector's Summary:</b>									
<b>Photographs</b>									
<b>Photo ID</b>					<b>Description</b>				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**Green Roof Practices**

**Sketch of Practice**

(note problem areas)

A large grid area for sketching and noting problem areas. The grid consists of 20 columns and 30 rows of small squares, providing a space for drawing and recording observations.