

Coating System – Pre-Inspection Warranty Form

(PROJECT PHOTOS ARE REQUIRED WITH EACH APPLICATION)

A pre-notification form must be completed prior to job start to receive consideration for a warranty. Upon completion of the project, a job completion form must be submitted.

Name of Building: _____ Telephone: _____

Current use of building: _____

Address of building: _____

Owner: _____ Telephone: _____

Owner's Address: _____

Applicator: _____ Telephone: _____

Applicator's address: _____

Type of Warranty: _____

This Project is for:

Restoration New Construction Number of Existing Roofs _____

Type of Roof:

Metal Roof Foam & Coatings Single-Ply Roof
Asphalt Roof Coatings over Foam Coatings over Concrete

Building Structure:

Steel Concrete Wood
Other: _____

Size of Project:

Square Feet: _____ Building Age: _____ Building Height: _____

Fire Rating:

No Yes Type: _____

Roof Shape:

Flat Dome Arch Gable Gambrel
Other (explain): _____ Slope: _____

Roof Surface:

BUR (smooth or gravel) Modified Bitumen (smooth, mineral)

Yearly Temperature Range for Building Site:

Min. _____ °F Max. _____ °F (NWS data is acceptable.)

Exterior Foundation:

Good Cracked Settling Other: _____

Any Evidence of Movement From:

Bearing Wall Columns Floors Other: _____

No cracking or movement

If movement or cracking is present, explain:

Interior Humidity/Temperature: Yes No Min. ____ °F Max. ____ °F

Leaks: None Leaks every time it rains Leaks with continuous rain

Leaks with strong wind and rain

Condensation: Yes No

Moisture Condition of Exiting Roof System: Dry _____ % Wet _____ %

Moisture Detection Method: Core samples or IR thermography Other _____

(Attach a complete copy of any moisture survey taken prior to starting the project. Neglecting to detect any moisture in the roof system and failure to remove wet insulation will void this warranty.)

Vapor Barrier Present: Yes No Condition _____

Insulation: Fiberglass Perlite Fiberboard Polystyrene Board

Isocyanurate board Attachment Method: _____ R-Value: _____

Interior Drains: Yes No Number _____



Exterior Drains and Scuppers: Yes No Number _____

Condition of Drains: Good Clogged Damaged/Deteriorated
Relocation to lower area as required

Is Ponding Water Preset? Yes No Number of Ponds _____

Ponding Water:

Size of Ponds _____ ft²

Depth _____ inches

Parapet Walls: Yes No Height _____ Repairs? Explain _____

Skylights: Yes No Number of Skylights _____ Repairs? Explain _____

Parapet Cap Flashings: Yes No Number of Skylights _____ Repairs? Explain _____

Curbs: Yes No Number of Curbs _____ Repairs? Explain _____

Exp. Joints: Yes No Number of Joints _____ Repairs? Explain _____

Exp. Covers: Yes No Number of Covers _____ Repairs? Explain _____

Estimate of Project Start Date: _____

Estimate of Project Completion Date: _____

Will all materials used on this project be supplied by BITEC, INC. Yes No

If No, explain _____

Type of Warranty Requested: _____ Years: _____

Please attach any relevant supporting documents and return completed Pre-Inspection Form to: BITEC, INC. – ATTENTION: WARRANTY DEPARTMENT. To be warrantable, all roof installations must be made in complete compliance with BITEC Application/Installation Guidelines. I certify that this project will be installed according to BITEC Application/Installation Guidelines.

Applicator Signature

Date