



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/trash or plant growth hindered by debris?	M			
Roof drains and scuppers overgrown or full of 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 from residents?	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) _____