

Roofco Leak Report Form

Site Address:

Room/Location:

Who is the on-site contact person in charge of this occurrence?

Name: _____

Telephone: _____

Access To building & Roof, available: From: ____:____ AM/PM
To: ____:____ AM/PM

Is it leaking now? Yes No

When did this leak start? ____:____ AM/PM

How many drips per minute? _____

First Time Leak? Yes No

Chronic leak? Y N If so, how long has it been leaking? _____ Wks/Mths/Yrs

Does it leak only while it's raining? Yes No

Does it leak only in heavy rain? Yes No

How long after the rain stopped did the leaks stop? _____ minutes/hours.

What direction was the wind blowing at the time? N S E W

Intermittent ? Yes No

Near HVAC equipment? Yes No

HVAC equipment active? Yes No

Reported By: _____

Roofco Inc.
We Make Roofs Last Longer
1-800-301-0023