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ROOFING PROJECT WORKSHEET



PROJECT DETAILS

Job Name:		Date:
Completed by:		
Owners:		Owner address same as job address: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:
Zip:	Email:	
Home Phone:	Work Phone:	Cell Phone:

CUSTOMER CONCERNS AND GOALS

Elderly Residents: <input type="checkbox"/> Yes <input type="checkbox"/> No	Depart for School:	
Outdoor Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Young Children: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landscaping:		Return from School:
<input type="checkbox"/> Appearance	<input type="checkbox"/> Transferable Warranty	Comments:
<input type="checkbox"/> Longevity	<input type="checkbox"/> Energy Costs	
<input type="checkbox"/> Warranty	<input type="checkbox"/> Safety	
<input type="checkbox"/> Resale Value		

ROOF CONDITION & APPEARANCE

<input type="checkbox"/> Curling Shingles	<input type="checkbox"/> Missing Granules	<input type="checkbox"/> Storm Damage
<input type="checkbox"/> Blistering Shingles	<input type="checkbox"/> Leaking	<input type="checkbox"/> Water Run-Off Damage
<input type="checkbox"/> Cracking Shingles	<input type="checkbox"/> Buckling Shingles	<input type="checkbox"/> Flashing Damage
<input type="checkbox"/> Missing Shingles	<input type="checkbox"/> Ice Damage	<input type="checkbox"/> Ventilation Damage
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Mold/Algae	
Additional Notes:		

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PROJECT PLANNING

Target Start Date:

Target Completion Date:

Dumpster Location

Driveway

Right

Left

Street Permit Required:

Yes

No

Target Delivery Date: _____

Product Drop Location:

Roof Top

Ground

Target Delivery Date: _____

Desired Delivery Time: First A.M. _____ A.M. _____ P.M. _____

Antenna:

Dispose

Re-Install

Satellite Dish:

Dispose

Re-Install (Dish company may charge to realign dish)

Additional Notes:

BUILDING INFORMATION

HOUSE

Roof Style:

of Layers _____

of Stories _____

Gable

Hip

Mansard

Shed

Gambrel

of Squares _____

GARAGE

Roof Style:

Attached: Yes No

Gable

Hip

Mansard

Shed

Gambrel

Roof type same as house:

Yes No

of Layers _____

of Squares _____

OTHER BUILDINGS:

Gazebo

Shed

Mansard

Other

of Layers _____ # of Squares _____

Comments:

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PRODUCT SELECTION

SHINGLE STYLE:

Heritage®
 Heritage® Premium
 Heritage Woodgate®
 Heritage® Vintage®
 Elite Glass-Seal®
 MetalWorks®

Shingle Color: _____ Total # of Squares: _____

ICE & WATER

Eaves Linear ft. _____

Valleys Linear ft. _____

Hips/Ridges Linear ft. _____

Total Linear ft. _____

Moisture Guard® Coverage
 (0.87 sq. roll contains 96.75 sq. ft.) # of Rolls _____

Moisture Guard® Coverage
 (1.74 sq. roll contains 193.5 sq. ft.) # of Rolls _____

TW Metal & Tile Roll
 (roll contains 200.16 sq. ft.) # of Rolls _____

TW Underlayment
 (roll contains 200.16 sq. ft.) # of Rolls _____

UNDERLAYMENT

Felt #15

408 sq. ft. # of Rolls _____

Felt #30

204 sq. ft.

180 sq. ft.

108 sq. ft. # of Rolls _____

Synthetic Guard™ Plus
 (roll contains 1004.09 sq. ft.) # of Rolls _____

Synthetic Guard™
 (roll contains 1004.9 sq. ft.) # of Rolls _____

FLASHING:

Masonry Step
 Other Vertical Wall
 Chimney
 Total Linear ft. _____

VALLEYS:

Open
 Closed
 Total Linear ft. _____

STARTER SHINGLE:

Heritage® Vintage® (Linear ft. per bundle 60) # of bundles _____ Eaves Linear ft. _____

TAMKO® Shingle Starter (Linear ft. per bundle 102) # of bundles _____ Rakes Linear ft. _____

TAMKO® 10 inch Starter (Linear ft. per bundle 100) # of bundles _____ Total Linear ft. _____

VENTILATION:

Xtractor Vent® XLP Turbo
 Coolridge® Vent
 Rapid Ridge®
 Roll Vent® Ridge Vent
 Quickvent™

Other _____

RIDGE SHINGLE

Heritage® Vintage® 12x12 Hip & Ridge
 (Linear ft. per carton 25)

of bundles _____

TAMKO® Hip & Ridge
 (Linear ft. per carton 33)

of bundles _____

Heritage® Designer Ridge
 (Linear ft. per carton 20)

of bundles _____

FLASHING/EXTRAS:

"W" Valley (10') QE Color Linear ft. _____ # of Pieces _____

Skylight Flashing - Qty. _____

Gutter Apron (10') QE Color Linear ft. _____ # of Pieces _____

Bathroom Exhaust Fan Kit - Qty. _____

Drip Edge (10') QE Color Linear ft. _____ # of Pieces _____

Comments:

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POST PROJECT

Post Project Inspection:

 Yes No

Date Completed By: _____

Other/Notes:

Dumpster Pick-up Scheduled:

 Yes No

Date Completed By: _____

Other/Notes:

Release of Lien Provided:

 Yes No

Date Completed By: _____

Other/Notes:

Project Photos Taken:

 Yes No

Other/Notes:

Photo Release Obtained:

 Yes No

Other/Notes:

Photos Posted to Facebook Page:

 Yes No

Other/Notes:

Photos Tagged with TAMKO:

 Yes No

Other/Notes: