

# Hilmerson Safety Rail System™

## Roof Survey Questionnaire



Date:	Contact Name:	Phone No.:
Facility Name:	Address:	City:
Type of Roof:		
<input type="checkbox"/> Rubber w/rock	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal
<input type="checkbox"/> Rubber w/out rock	<input type="checkbox"/> Eco Friendly	<input type="checkbox"/> Other
Parapet Wall Height:	Parapet Wall Height:	Parapet Wall Height:
Type of Roof Access:	<input type="checkbox"/> Permanent Fixed Ladder <input type="checkbox"/> Stair	<input type="checkbox"/> Roof Hatch <input type="checkbox"/> Extension or Step Ladder
Number of Maintenance Workers Who will access roof: _____	Contractor Name(s) who will access Roof: _____	

**Refer to the roof survey conducted by Hilmerson Safety (where applicable).**

- I. Please place an X below where appropriate. List the quantity of items and the frequency for preventative maintenance.
- II. Key: PM frequency (**D:** Daily, **W:** Weekly, **M:** Monthly, **Q:** Quarterly, **A:** Annually, **O:** Other)
- III. Please describe contractor accessing roof/client maintenance personnel accessing roof/both

**Check equipment located between 0 and 6' from leading edge or floor opening:**

	<u>YES</u>	<u>NO</u>	<u>QTY</u>	PM Frequency/Contractor/Client/Both
Roof Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HVAC Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antennas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Satellites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lightning Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fans/Exhaust Units/Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skylights/Roof Hatches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Check equipment located between 6'-1" to 15' from leading edge or floor opening:**

	<u>YES</u>	<u>NO</u>	<u>QTY</u>	PM Frequency/Contractor/Client/Both
Roof Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HVAC Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antennas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Satellites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lightning Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fans/Exhaust Units/Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skylights/Roof Hatches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please email results to [Debra.Hilmerson@HilmersonSafety.com](mailto:Debra.Hilmerson@HilmersonSafety.com) or fax to 952-224-9392.  
 Feel free to call Deb Hilmerson should you have questions relating to this questionnaire.

