



**Town of Bluffton
Green Roof
Maintenance Inspection Checklist**

BMP ID _____

Date and Time: _____

Site/ Project Name _____

Location: _____

Inspection Results: (Check Only One)	
<input type="checkbox"/>	Fully Functional (No Problems Found During Inspection)
<input type="checkbox"/>	Minor Functional Issues (Can be corrected during routine maintenance throughout the year)
<input type="checkbox"/>	Partially Functional*
<input type="checkbox"/>	Not Functional*

*BMP inspector will re-visit the site for a follow-up inspection to ensure deficiencies noted in this inspection checklist are completed and submit an updated inspection report to the Town of Bluffton within 60 days.

<i>Key Questions</i>		
Item	X	Comments
1. Type of vegetated roof (check all that apply)		
a. Extensive - shallow soil	<input type="checkbox"/>	
b. Intensive - deep soil	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	Type:
2. Type of plant cover (check all that apply)		
a. Trees	<input type="checkbox"/>	
b. Shrubs	<input type="checkbox"/>	
c. Sedums	<input type="checkbox"/>	
d. Other	<input type="checkbox"/>	Type:

A. Practice						
0 = Good condition. Well maintained, no action required.						
1 = Moderate condition. Adequately maintained, routine maintenance needed.						
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.						
3 = Serious condition. Immediate need for repair or replacement.						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
Item						Comments
1. Maintenance access to practice	0	1	2	3	N/A	
2. Condition of structural components	0	1	2	3	N/A	
3. Condition of hydraulic control components	0	1	2	3	N/A	
4. Excessive trash/debris/sediment	0	1	2	3	N/A	
5. Evidence of leaking in waterproof	0	1	2	3	N/A	
6. Evidence of perforated root barrier	0	1	2	3	N/A	
7. Evidence of standing water:	0	1	2	3	N/A	
a. Ponding	0	1	2	3	N/A	
b. Noticeable odors	0	1	2	3	N/A	

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c. Water stains	0	1	2	3	N/A
d. Presence of algae	0	1	2	3	N/A
8. Roof drain system	0	1	2	3	N/A
a. Broken	0	1	2	3	N/A
b. Clogged	0	1	2	3	N/A
9. Vegetation	0	1	2	3	N/A
a. Plant composition consistent with approved plans	0	1	2	3	N/A
b. Presence of invasive species/weeds	0	1	2	3	N/A
c. Plants appear nutrient deficient	0	1	2	3	N/A
d. Evidence of birds/pests removing plants	0	1	2	3	N/A
e. Dead/sparse vegetation soil	0	1	2	3	N/A

B. Outlets						
0 = Good condition. Well maintained, no action required.						
1 = Moderate condition. Adequately maintained, routine maintenance needed.						
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.						
3 = Serious condition. Immediate need for repair or replacement.						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item				Comments	
1.	Roof drain conveyance is clogged	0	1	2	3	N/A
2.	Excessive trash/debris/sediment accumulation at roof drain outlets	0	1	2	3	N/A
3.	Evidence of erosion at/around outlet	0	1	2	3	N/A

C. Miscellaneous						
0 = Good condition. Well maintained, no action required.						
1 = Moderate condition. Adequately maintained, routine maintenance needed.						
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.						
3 = Serious condition. Immediate need for repair or replacement.						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item				Comments	
1.	Complaints from local residents	0	1	2	3	N/A
2.	Mosquito proliferation	0	1	2	3	N/A

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<i>Inspector's Summary:</i>

<i>Photographs (minimum of five (5) photos as attachment)</i>	
Photo ID	Description
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

<i>Sketch of Practice</i>
(note problem areas and attach sketch)