



REQUIRED FOR ALL WARRANTED PROJECTS

CUSTOMER PO#

Project Quality Control Form

2204 W. Front Street – Statesville, NC 28677 – Phone 704 871 8704 – Fax 704 871 1381

INSTALLER PROJECT

INSTALLER NAME

PROJECT NAME

ADDRESS

ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

INSTALLER PHONE INSTALLER EMAIL

ROOF	WIDTH	GA.	MATERIAL	COLOR	PROFILE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ARCHITECT

ARCHITECT

WALL	WIDTH	GA.	MATERIAL	COLOR	PROFILE
FLUSH	_____	_____	_____	_____	_____
HP	_____	_____	_____	_____	_____
7.2	_____	_____	_____	_____	_____
R PANEL	_____	_____	_____	_____	_____

ADDRESS

CITY STATE ZIP CODE

OWNER

OWNER

SOFFIT	VENTED	GA.	MATERIAL	COLOR	PROFILE
FLUSH	_____	_____	_____	_____	_____

ADDRESS

CITY STATE ZIP CODE

GENERAL CONTRACTOR

GENERAL CONTRACTOR

EDGE METALS	GA.	MATERIAL	COLOR	ES-1
COPING	_____	_____	_____	_____
SNAP ON FASCIA	_____	_____	_____	_____
GRAVEL STOP	_____	_____	_____	_____
DRIP EDGE	_____	_____	_____	_____

ADDRESS

CITY STATE ZIP CODE

NOTES: SALES REP: _____

SNOW GUARDS

SNOW GUARDS _____

UNDERLAYMENT	FULL COVERAGE	PERIMETER
ICE & WATERSHIELD	_____	_____
SYNTHETIC FELT	_____	_____

OTHER INFORMATION

WATERTIGHT WARRANTY	_____	ROOF PITCH	_____
FINISH WARRANTY	_____	ROOF SUBSTRATE	_____
GALVALUME WARRANTY	_____	TAX EXEMPT	_____
ENGINEERING	_____	BLUE DIAMOND CERTIFIED	_____

