



InterNACHI Wind Mitigation Inspection Checklist

Date: _____

Inspector: _____

Client Name: _____

Address: _____

Year of the Home: _____

Number of Stories: _____

1. **Building Code:**

Miami-Dade and Broward Counties:

- A. 1994 South Florida Building Code (building permit application date of 9/1/1994 or later).
- B. Application date of 8/31/1994 or earlier

All other Counties:

- C. 2001 FBC (building permit application date of 3/1/2002 or later).
- D. NON FBC (building permit application date of 2/28/2002 or earlier)
- E. Unknown or undetermined.

Submit proof Who, How, and When:

With whom or How did you obtain the permit information? _____

Permit number: _____ Provide a copy of the permit Application and **Final Inspection**
OR Provide your contact information (to include Name, Date & Time) _____

2. **Predominant Roof Covering: > 50%** (follow same permitting guidelines as above)

Permit Application Date: _____ or Date of Installation: _____

- A. Miami-Dade 9/1/1994 or later All other Counties 3/1/2002 or
- B. Does not meet the above minimum requirements. (permit application date prior to A) - **or if a permit for a new roof cannot be located**
- C. Unknown or undetermined. – **Mark this box IF:**
 - (1) no permit can be found **and** if you have no idea when the roof was put on.
 - (2) the roof covering is made of Tile or Modified Bitumen material, has been proven to be installed after the guidelines for meeting FBC code. **YOU MUST INCLUDE A COPY OF THE InterNACHI FBC LETTER**

Submit proof: Who, How, and When?:

With whom or how did you obtain the permit information? _____

Permit number: _____ Provide a copy of the permit Application and **Final Inspection**
OR Provide your contact information (to include Name, Date & Time) _____

*****NOTE** – Permits that have been applied for but, have been voided out for various reasons or, have not had a final inspection may NOT be used as proof for meeting FBC code.

There must be photographs attached for all features identified on this form

3. **Roof Deck Attachment:** the **weakest** form _____ You must check all attic spaces
 Roof deck thickness: _____ Include picture
- A. 6D Nails or Staples - Photo with ruler showing nail length
 - B. 8D Nails spaced 6"x12" - Photo with ruler of nail length AND photos of spacing between nails with ruler (must mark several locations).
 - C. 8D Nails Spaced 6"x6" Photo with ruler of nail length AND photos of spacing between nails with ruler (must mark several locations).
 For dimensional lumber and tongue and groove lumber, mark nails and include pictures (min 2 nails per board).
 - D. Reinforced Concrete Roof Deck. Photos of deck.
 - E. Other: _____
 - F. Unknown or unidentified Explanation _____
 - G. No attic access. Explanation _____

4. **Roof to Wall Attachment:** What is the **weakest** roof to wall connection?
- A. Toe Nails
 - B. Clips with three nails minimum
 - C. Single Wraps Metal Straps – with min of 3 nails plus the opposite side with a min of 1 nail.
 - D. Double Wraps Both Metal Straps - min of 3 nails plus the opposite side with a min of 1 nail.
 - E. Structural Anchor bolts structurally connected or reinforced concrete roof.
 - F. Other: _____ **Mark if not installed properly >1/4"**
 - G. Unknown or Unidentified Explanation _____
 - H. No attic access Explanation _____

5. **Roof Geometry:** What is the roof shape(s)? Including ALL structurally connected roofs
 Roof Slope: _____
- A. Hip Roof - (no other roof shapes greater than 10% of the entire roof geometry)
 - B. Non-Hip Roof - (no other roof shapes greater than 10% FLAT)
 - C. Flat Roof – surface area greater than 100 square feet or 10% of the entire roof geometry

Slope Factor

Calculations

- 3:12 1.035
- 4:12 1.055
- 5:12 1.085
- 6:12 1.12
- 7:12 1.16
- 8:12 1.205
- 9:12 1.25
- 10:12 1.305
- 11:12 1.36
- 12:12 1.415

6. **Gable End Bracing:** For roof structures that contain gables, mark the **weakest** that apply
 A. Braced to 2001 FBC.
 B. Not braced.
 C. Not applicable, unknown, or unidentified Explanation _____

7. **Wall Construction Type:** (to include gable ends)
 A. Wood Frame _____ %
 B. Un-Reinforced Masonry _____ %
 C. Reinforced Masonry _____ %
 D. Poured Concrete _____ %
 E. Other: _____ % - Explanation _____

8. **Secondary Water Resistance (SWR- Peel & Stick Modified Bitumen Product):**
 A. SWR With Proof
 B. No SWR
 C. Unknown or undetermined.

9. **Opening Protection: Determine the WEAKEST PROTECTION**
 For each opening including skylights, garage doors & sidelites

A	Miami-Dade County Notice of Acceptance (NOA) 201, 202 and 203. (Large Missile - 9 lb.) Florida Building Code Testing Application Standard (TAS) 201, 202 and 203. (Large Missile – 9 lb.) American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996. (Large Missile – 9 lb.) Southern Standards Technical Document (SSTD) 12. (Large Missile – 9 lb.) For Skylights Only: ASTM E 1886/E 1996. (Large Missile - 4.5 lb.) For Garage Doors Only: ANSI/DASMA 115. (Large Missile – 9 lb.)			
B	ASTM E 1886 and ASTM E 1996. (Large Missile – 4.5 lb.) SSTD 12. (Large Missile – 4 lb. to 8 lb.) For Skylights Only: ASTM E 1886/E 1996. (Large Missile - 2 to 4.5 lb.)			
C	Miami-Dade County NOA 201, 202 and 203. (Small Missile – 2grams) Florida Building Code TAS 201, 202 and 203. (Small Missile – 2 grams) ASTM E 1886 and ASTM E 1996. (Small Missile – 2 grams) SSTD 12. (Small Missile – 2 grams)			
D	Cannot be identified as Miami-Dade or Florida Building Code (FBC) product approved.			
H	Glazed opening with plywood/OSB meeting the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (with 2006 supplements).			
X	Missing Protection			
	Opening	Type of Protection (A,B, C etc. from above chart	Opening	Type of Protection (A, B, C etc. from chart above
	Garage			
	Skylight			
	Front Door			
	Side Door 1			
	Sliding Glass Doors			