

ATTIC & INSULATION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Attic Access & Safety

- Yes No — Attic access hatch opens and closes securely
- Yes No — Access area clear and safe to enter/exit
- Yes No — Walkable paths identified to avoid ceiling damage
- Yes No — No exposed hazards observed in access area

Insulation Coverage

- Yes No — Insulation coverage is continuous with no major gaps
- Yes No — Insulation not compressed or displaced in key areas
- Yes No — No damp, stained, or matted insulation noted
- Yes No — Insulation kept clear of heat sources as required

Ventilation & Airflow

- Yes No — Soffit intake vents appear present and unobstructed
- Yes No — Ridge/gable exhaust vents appear present and clear
- Yes No — Ventilation balanced for intake and exhaust airflow
- Yes No — Baffles installed to prevent insulation blocking soffits

Moisture & Mold

- Yes No — No visible mold staining on rafters or sheathing
- Yes No — No water stains or active dripping observed
- Yes No — No rusty fasteners or condensation indicators noted
- Yes No — No musty odors suggesting hidden moisture

Roof Deck & Framing

- Yes No — Roof sheathing shows no sagging or rot
- Yes No — Rafters and trusses show no splitting or damage
- Yes No — Daylight not visible through roof penetrations
- Yes No — No signs of past roof leaks near penetrations

Pests & Contamination

- Yes No — No droppings, nests, or chewed materials observed
- Yes No — No damaged screens at vents or openings noted
- Yes No — No disturbed insulation indicating pest activity
- Yes No — No strong odors indicating animal intrusion

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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