

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form with the insurance policy

Inspection Date:		
Owner Information		
Owner Name:		Contact Person:
Address:		Home Phone:
City:	Zip:	Work Phone:
County:		Cell Phone:
Insurance Company:		Policy #:
Year of Home:	# of Stories:	Email:

1. Building Code: What building code was used to design and build the structure?

- A. 1994 South Florida Building Code (building permit application date of 9/1/1994 or later in Miami-Dade and Broward Counties (also known as the High Velocity Hurricane Zone (HVHZ))
- B. Building code prior to the 1994 South Florida Building Code (building permit application date of 8/31/1994 or earlier in Miami-Dade and Broward Counties (HVHZ))
- C. 2001 Florida Building Code (building permit application date of 3/1/2002 or later outside the HVHZ)
- D. Building code prior to the 2001 Florida Building Code (building permit application date of 2/28/2002 or earlier outside the HVHZ)
- E. Unknown or undetermined

2. Predominant Roof Covering:

Permit Application Date : _____ or Date of Installation : _____

Roof Covering Type _____ FBC/Miami-Dade Approval Number _____

- A. At a minimum meets the 2001 Florida Building Code or the 1994 South Florida Building Code
- B. Does not meet the above minimum requirements
- C. Unknown or Undetermined

3. Roof Deck: What is the **weakest form of roof deck type?**

- A. Plywood; Thickness _____
- B. Oriented strand board (OSB); Thickness _____
- C. Dimensional lumber at least 5/8"
- D. Reinforced concrete roof deck
- E. Metal roof deck
- F. Metal roof covering with no solid roof deck
- G. Other: _____
- H. Unknown or Unidentified
- I. No attic access

Inspectors Initials _____

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4. **Roof Deck Attachment:** What is the **weakest** form of roof deck attachment?

- A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 6d nails spaced at 6" along the edge and 12" in the field. **-OR-** Batten decking supporting wood shakes or wood shingles. **-OR-** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 55 psf.
- B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d nails spaced 6" along the edge and 12" in the field. **-OR-** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 103 psf.
- C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d nails spaced 6" along the edge and 6" in the field. **-OR-** Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board. **-OR-** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 182 psf.
- D. Reinforced Concrete Roof Deck.
- E. Other : _____
- F. Unknown or Unidentified
- G. No attic access

5. **Roof to Wall Attachment:** What is the **weakest** roof to wall connection?

- A. Toe Nails Rafter/truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall.
- B. Clips Metal attachments on **every** rafter/truss that are nailed to one side (or both sides in the case of a diamond type clip) of the rafter/truss and attached to the top plate of the wall frame or embedded in the bond beam.
- C. Single Wraps Metal Straps must be secured to **every** rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. The Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.
- D. Double Wraps Both Metal Straps must be secured to **every** rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. Each Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.
- E. Structural Anchor bolts, structurally connected or reinforced concrete roof.
- F. Other: _____
- G. Unknown or Unidentified
- H. No attic access

6. **Roof Geometry:** What is the roof shape(s)? (Porches or carports that are not structurally connected to the main roof system are not considered in the roof geometry determination)

- A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total building perimeter.
- B. Non-Hip Roof Any other roof shape or combination of roof shapes including hip, gable, gambrel, mansard and other roof shapes not including flat roofs.
- C. Flat Roof Flat roof shape of greater than 100 square feet or 10% of the entire roof whichever is greater.

7. **Gable End Bracing:** For roof structures that contain gables, please check the **weakest** that apply:

- A. Gable End(s) are NOT braced.
- B. Gable End(s) are braced at a minimum in accordance with the 2001 Florida Building Code.
- C. Not applicable, unknown or unidentified.

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8. **Wall Construction Type:** Check all wall construction types for exterior walls of the structure and percentages for each:

- A. Wood Frame _____%
- B. Un-Reinforced Masonry _____%
- C. Reinforced Masonry _____%
- D. Poured Concrete _____%
- E. Other: _____%

9. **Secondary Water Resistance (SWR):** (standard underlayments or hot mopped felts are not SWR)

- A. SWR Self adhering polymer modified bitumen roofing underlayment **applied directly to the sheathing** or foam adhesive SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.
- B. No SWR
- C. Unknown or undetermined

10. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? (**Exterior openings** include, but are not limited to: windows, doors, garage doors, skylights, etc. Product approval may be required for opening protection devices without proper rating identification)

- A. **All Exterior Openings (Glazed and Unglazed)** All exterior openings are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant window units that are listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Large Missile Impact". For the HVHZ, systems must have either a Miami-Dade NOA or FBC Approval marked "For Use in the HVHZ".
 - Miami-Dade County Notice of Acceptance (NOA) 201, 202 **and** 203
 - 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 (4.5 lb. missile)
 - For Garage Doors Only: ANSI/DASMA 115 (Large Missile – 9 lb)
- B. **All exterior openings** are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant window units that are listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Large Missile Impact":
 - 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 (2 to 4.5 lb. missile)
- C. **All exterior openings** are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant window units that are listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Small Missile Impact":
 - Miami-Dade County NOA 201, 202 **and** 203 (required in Miami-Dade & Broward Counties)
 - 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. **All exterior openings** are fully protected with windborne debris protection devices that cannot be indentified as Miami-Dade or Florida Building Code (FBC) product approved. **This does not include after market applied window films (see Answer "K") or plywood/OSB panels (see Answer "H").**

All Glazed Exterior Openings

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- E. **All glazed exterior openings** are fully protected at a minimum with impact resistant coverings and/or impact resistant window units that meet the requirements of one of the standards listed under Answer “A” of this question. (Large Missile – 9 lb.)
- F. **All glazed exterior openings** are fully protected at a minimum with impact resistant coverings and/or impact resistant window units that meet the requirements of one of the standards listed under Answer “B” of this question. (Large Missile – 2 lb. - 8 lb.)
- G. **All glazed exterior openings** are fully protected at a minimum with impact resistant coverings and/or impact resistant window units that meet the requirements of one of the standards listed under Answer “C” of this question. (Small Missile – 2 grams)
- H. **All glazed exterior openings** are covered with plywood/OSB meeting the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC. (with 2006 supplements)
- I. **All glazed exterior openings** are fully protected with wind-borne debris protection devices that cannot be identified as Miami-Dade or FBC product approved. **This does not include after market applied window films (see Answer “K”).**

None or Some Glaze Openings

- J. At least one glazed exterior opening does not have wind-borne debris protection.
- K. No glazed exterior openings have wind-borne debris protection. **This includes after market applied window films or plywood/OSB that does not meet Answer “H”**
- L. Unknown or undetermined

MITIGATION INSPECTIONS MUST BE PERFORMED BY A QUALIFIED INSPECTOR.		
Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.		
In my professional opinion, based on my knowledge, information and belief, I certify that the above listed statements are true and correct.		
Inspector Name:	License Type:	License # or MSFH contract #:
Inspection Company:	Phone:	

I am a (check one):

- Hurricane mitigation inspector certified by the My Safe Florida Home Program complete the below:**
- Building code inspector certified under Section 468.607, Florida Statutes complete the below:**
- General, building or residential contractor licensed under Section 489.111, Florida Statutes complete the below:**
- Professional architect licensed under Section 481.213, Florida Statutes complete the below:**
- Other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete this form complete the below:**

Inspector to complete: I, _____ (Printed name of Inspector), by my signature below, certify that I personally conducted the inspection of the residence identified on this form and in my professional opinion, ~~based on my knowledge, information, and belief,~~ I certify that all the data I reported is true and correct.

Signature: _____ **Date:** _____

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An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree.

Professional engineers licensed under Section 471.015, Florida Statutes complete the below:

Inspector to complete: I, _____ (Printed name of Inspector), by my signature below, certify that I **or my employee** personally conducted the inspection of the residence identified on this form and in my professional opinion, ~~based on my knowledge, information, and belief,~~ I certify that all the data I reported is true and correct.

~~Professional Engineers Only~~ Pursuant to Section 627.711(2)(d), Florida Statutes, in order to sign this form you must check the below box.

I, by my signature below certify that I **and, if applicable, my employee who performed the inspection,** have passed the appropriate equivalency test of the **Building Code Training Program** as required by Section 553.841, Florida Statutes.

Signature: _____ **Date:** _____

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree.

Homeowner to complete: I certify that the **Qualified** Inspector named above did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: _____ **Date:** _____

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The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

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