



**DRAPER, UTAH**  
**(801) 990-1775**  
**WWW.VECTORSOLAR.COM**

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**SUBJECT** STRUCTURAL POST-INSTALL SURVEY

INSTRUCTIONS:

1. Complete this post-install survey when the jurisdiction requires a post-install (or affidavit) letter.
2. All listed information is required. Incomplete forms will delay our review and will be sent back to be completed.

SURVEY INFORMATION:

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Vector Project Number: \_\_\_\_\_

1. Does the installed panel layout match the original design?  Yes  No  
 If "No", explain: \_\_\_\_\_  
 (Mark up the original layout if necessary.)
2. Has the framing size and spacing been verified to match the original design?  Yes  No
3. During the course of the installation procedure, was any damage discovered or inadvertently done to the existing framing?  Yes  No
4. Were all retrofits installed correctly, if required by the original design?  Yes  No
5. Attachments (where occur):
  - Have you verified that all fasteners attaching the panel system to the structure match the original design requirements?  Yes  No
    - Does the fastener spacing match the original design requirements?  Yes  No
    - Are the fasteners staggered, if required by the original design?  Yes  No
    - Do screw fasteners (where required) actually penetrate into the roof framing and not visibly split the framing members?  Yes  No
    - Have measures been taken to waterproof the roof at all penetrations (where occur)?  Yes  No
6. Ballasted Systems (where occur):
  - Was the ballasted system installed per the manufacturer's recommendations as used in the original design including panel layout, spacing & slope, roof edge distances, ballast block number, location, weight, & distribution?  Yes  No
  - Does the ballast weight exceed the approved weight listed in the original design?  Yes  No

PHOTO CHECKLIST:

- The installed panels
- The connection spacing and staggering
- Retrofits (if required)

\*Please note that surveys submitted without photos will delay our review and photos will be requested.

Contractor/Installer Name: \_\_\_\_\_

Responsible Party Filling Out This Checklist:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Unsigned post-install surveys will delay our review and will be returned for a signature.)