

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



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|---|--------------------------------|
| LOCATION/ DISTRICT NUMBER: # 57 GOLDEN STATE STORAGE | DATE: 10-25-16 |
| | FOLLOW UP DATE: |
| CONTRACTOR: LANERO LANDSCAPING | INSPECTOR: W SMITH |
| | CONTRACTOR REP: J GUTIERREZ |

CHECK ISSUE(S) IF UNSATISFACTORY, NOTE LOCATION, NUMBER IF MULTIPLE AND NOTE BELOW, AND ANY HISTORY OF NON-COMPLIANCE. WRITE "NA" WHERE APPLICABLE. INDICATE "OK" ON FOLLOWUP.

| | Locations | History | Follow-up/Status |
|--------------------|-------------------------------|---------|------------------|
| IRRIGATION: | | | |
| Breaks/Leaks | | | |
| Poor Coverage | | | |
| Too Wet | | | |
| Too Dry | | | |
| WEEDS: | | | |
| Planters | | | |
| / Medians | GRASS ON MEDIAN, EB NEAR CURB | | |
| Turf | # BULLNOSE | | |
| Hardscapes | | | |
| SHRUBBERY: | | | |
| Hedge Trim/Shape | | | |
| Dead Material | | | |
| Poor Health | | | |
| IVY: | | | |
| Trim | | | |
| Poor Health | | | |
| Detachment | | | |
| TREES: | | | |
| Pruning | | | |
| Poor Health/Dead | | | |
| Stalks | | | |
| TURF: | | | |
| Mow/Edge | | | |
| Poor Health | | | |
| Other | | | |

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|---|--------------------------|
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|---|--------------------------|

Locations

History

Follow-up/Status

| | | | |
|--------------------------------------|--|--|--|
| GROUND COVER/ PLANT BEDS: | | | |
| Overgrown | | | |
| Dead | | | |
| Poor Health | | | |

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|---------------|--|--|--|
| PESTS: | | | |
| Gopher | | | |
| Insect | | | |
| Other | | | |


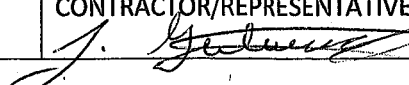
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|----------------------|--|--|--|
| RESTROOMS: NA | | | |
| Not Clean | | | |
| Faulty Plumbing | | | |
| Faulty Electrical | | | |

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|---------------------------|--|--|--|
| WALKWAYS/PATHS: NA | | | |
| Obstruction/Trip | | | |
| Fiber Coverage | | | |
| Dog Bags | | | |
| Fountains | | | |
| Exercise Stations | | | |
| Faulty Lighting | | | |

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| VANDALISM: | | | |
| Graffiti | | | |
| Missing/Damaged items | | | |

| | | | |
|-----------------------|--|--|--|
| MISC: | | | |
| Trash | | | |
| Excessive Leaf Litter | | | |
| Hazardous Item | | | |
| Other | | | |

| | | | | |
|--|--|--|--|----------------------|
| Turf Fertilizer Due (6x Per Yr) | | October Aearification Due | | May Aerification Due |
| Spring Broad Leaf Turf Pesticide Application Due | | Fall Broad Leaf Turf Pesticide Application Due | | October Dethatch Due |
| Shrub & Ground Cover Fertilizers Due (3x Per Yr) | | Palm Fertilizer Due (3x Per Yr) | | |

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|--|--------------------------|---|
| INSPECTORS SIGNATURE:  | DATE: 10-23-16 | I HAVE ATTENDED THIS INSPECTION WALKTHROUGH |
| REVIEW ADMINISTRATORS SIGNATURE: | DATE: | CONTRACTOR/REPRESENTATIVE SIGNATURE:  |