

**LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST**

LOCATION/DIST #: <b>#57</b> <b>GOLDEN STATE STORAGE</b>	DATE: <b>6-16-16</b>
	FOLLOWUP DATE: <b>7-20-16</b>
Contractor: <b>KANKO LANDSCAPING</b>	Inspector: <b>W SMITH</b>
	Contractor Representative: <b>J. GUTIERREZ</b>

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.

	LOCATION(S):	HISTORY:	FOLLOWUP/STATUS:
<b>IRRIGATION:</b>			
<input type="checkbox"/> BREAKS/LEAKS			
<input type="checkbox"/> POOR COVERAGE			
<input type="checkbox"/> TOO WET			
<input type="checkbox"/> TOO DRY			
<b>WEEDS:</b>			
<input type="checkbox"/> PLANTERS			
<input type="checkbox"/> MEDIANS			
<input type="checkbox"/> TURF			
<input type="checkbox"/> HARDSCAPE			
<b>SHRUBERY:</b>			
<input type="checkbox"/> HEDGE TRIM/SHAPE			
<input checked="" type="checkbox"/> DEAD MATERIAL	<b>BON ATRA SHRUBERY</b>		<b>OK</b>
<input type="checkbox"/> POOR HEALTH			
<b>IVY:</b>			
<input type="checkbox"/> TRIM			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> DETACHMENT			
<b>TREES:</b>			
<input type="checkbox"/> PRUNING			
<input type="checkbox"/> POOR HEALTH/DEAD			
<input type="checkbox"/> STAKES			
<b>TURF:</b>			
<input type="checkbox"/> MOW/EDGE			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> OTHER			

**LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST**

LOCATION/DIST: <i>#57 GOLDEN PLATE STORAGE</i>	DATE: <i>6-16-16</i>
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LOCATION(S): \_\_\_\_\_ HISTORY: \_\_\_\_\_ FOLLOWUP/STATUS: \_\_\_\_\_

GROUND COVER/PLANT BEDS:

OVERGROWN  
 DEAD MATERIAL *IN SPOTS*  
 POOR HEALTH *OK*

PEST(S):

GOPHERS  
 INSECT  
 OTHER

RESTROOM(S): *NA*

NOT CLEANED  
 FAULTY PLUMBING  
 FAULTY LIGHTING

WALKWAYS/PATHS:

OBSTRUCTION/TRIP  
 FIBER COVERAGE  
 DOG BAGS  
 FOUNTAINS  
 EXERCISE STATIONS  
 FAULTY LIGHTING

VANDALISM:

GRAFFITI  
 DAMAGED/MISSING ITEMS  
  
 TRASH  
 EXCESSIVE LEAF LITTER  
  
 UNLISTED HAZARD/ITEM  
  
 OTHER

INSPECTOR'S SIGNATURE: <i>[Signature]</i>	DATE: <i>6-16-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH. CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: <i>[Signature]</i>
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	