

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST #: <i>#44 AMERICAN PACIFIC HOMES</i>	DATE: <i>6-1-16</i>
	FOLLOWUP DATE: <i>7-6-16</i>
Contractor: <i>KANERO LANDSCAPING</i>	Inspector: <i>W. SMITH</i>
	Contractor Representative: <i>J. GUTIERREZ</i>

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:
IRRIGATION:			
<input type="checkbox"/> BREAKS/LEAKS			
<input type="checkbox"/> POOR COVERAGE			
<input type="checkbox"/> TOO WET			
<input type="checkbox"/> TOO DRY			
WEEDS:			
<input type="checkbox"/> PLANTERS			
<input checked="" type="checkbox"/> MEDIANS			
<input checked="" type="checkbox"/> TURF	<i>BROADLEAF</i>	<i>ONGOING</i>	<i>OK</i>
<input type="checkbox"/> HARDSCAPE			
SHRUBERY:			
<input type="checkbox"/> HEDGE TRIM/SHAPE			
<input checked="" type="checkbox"/> DEAD MATERIAL	<i>ON MEDIAN</i>		<i>IMPROVED</i>
<input type="checkbox"/> POOR HEALTH			
IVY:			
<input type="checkbox"/> TRIM			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> DETACHMENT			
TREES:			
<input type="checkbox"/> PRUNING			
<input type="checkbox"/> POOR HEALTH/DEAD			
<input type="checkbox"/> STAKES			
TURF:			
<input type="checkbox"/> MOW/EDGE			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> OTHER			

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LOCATION/DIST: <i>441 AMERICAN PACIFIC HWY</i>	DATE: <i>6-1-16</i>
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LOCATION(S):	HISTORY:	FOLLOWUP/STATUS:
GROUND COVER/PLANT BEDS:		
<input type="checkbox"/> OVERGROWN		
<input checked="" type="checkbox"/> DEAD MATERIAL <i>ON MEDIAN</i>		<i>IMPROVED</i>
<input type="checkbox"/> POOR HEALTH		
PEST(S):		
<input checked="" type="checkbox"/> GOPHERS <i>MULTIPLE</i>		<i>OK</i>
<input type="checkbox"/> INSECT		
<input type="checkbox"/> OTHER		
RESTROOM(S):		
<input type="checkbox"/> NOT CLEANED <i>NA</i>		
<input type="checkbox"/> FAULTY PLUMBING		
<input type="checkbox"/> FAULTY LIGHTING		
WALKWAYS/PATHS:		
<input type="checkbox"/> OBSTRUCTION/TRIP		
<input type="checkbox"/> FIBER COVERAGE		
<input type="checkbox"/> DOG BAGS		
<input type="checkbox"/> FOUNTAINS		
<input type="checkbox"/> EXERCISE STATIONS		
<input type="checkbox"/> FAULTY LIGHTING		
VANDALISM:		
<input checked="" type="checkbox"/> GRAFFITI <i>ON SIDEWALK</i>		<i>OK</i>
<input type="checkbox"/> DAMAGED/MISSING ITEMS		
<input checked="" type="checkbox"/> TRASH <i>ON MEDIAN</i>		<i>OK</i>
<input type="checkbox"/> EXCESSIVE LEAF LITTER		
<input type="checkbox"/> UNLISTED HAZARD/ITEM		
<input type="checkbox"/> OTHER		

INSPECTOR'S SIGNATURE: <i>[Signature]</i>	DATE: <i>6-1-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH. CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: <i>[Signature]</i>
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	