

**LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST**

LOCATION/DIST #: <i># 45 CHANNEL PT. MEDIANS</i>	DATE: <i>8-4-16</i>
Contractor: <i>KANOKO LANDSCAPING</i>	FOLLOWUP DATE:
	Inspector: <i>W. SMITH</i>
	Contractor Representative: <i>J. GUTERBERG</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:
<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 checked="" type="checkbox"/> PLANTERS		
<input checked="" type="checkbox"/> MEDIANS <i>ON BULLDOSES</i>		
<input type="checkbox"/> TURF		
<input type="checkbox"/> HARDSCAPE		
<b>SHRUBERY:</b>		
<input type="checkbox"/> HEDGE TRIM/SHAPE		
<input type="checkbox"/> DEAD MATERIAL		
<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 checked="" type="checkbox"/> PRUNING <i>LOW HANGING BRANCHES</i>		
<input type="checkbox"/> POOR HEALTH/DEAD <i>FEW DEAD PALM FRONDS</i>		
<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>#48 CHANNEL PT. MEDIAN</i>	DATE: <i>8-4-16</i>
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LOCATION(S):                      HISTORY:                      FOLLOWUP/STATUS:

GROUND COVER/PLANT BEDS:

- OVERGROWN
- DEAD MATERIAL
- POOR HEALTH

PEST(S):

- GOPHERS
- INSECT
- OTHER

RESTROOM(S):

- NOT CLEANED *NA*
- 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

NO SIGNIFICANT DEFICIENCIES NOTED

INSPECTOR'S SIGNATURE: <i>[Signature]</i>	DATE: <i>8-4-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH. CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: <i>[Signature]</i>
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	