



LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

PAGE 1 OF 2

LOCATION/DIST #: <i>#57 GOLDEN STATE STORAGE</i>	DATE: <i>5-12-16</i>
	FOLLOWUP DATE:
Contractor: <i>KINGSTON LANDSCAPING</i>	Inspector: <i>W. SMITH</i>
	Contractor Representative: <i>JAVIER G.</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	<i>SPOTTY TALL WEEDS</i>	
<input type="checkbox"/>	TURF		
<input type="checkbox"/>	HARDSCAPE		
SHRUBERY:			
<input checked="" type="checkbox"/>	HEDGE TRIM/SHAPE	<i>GENERAL</i>	
<input checked="" type="checkbox"/>	DEAD MATERIAL		
<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 checked="" type="checkbox"/>	<i>NA</i>		
<input type="checkbox"/>	MOW/EDGE		
<input type="checkbox"/>	POOR HEALTH		
<input type="checkbox"/>	OTHER		

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST: #57 GOLDEN SPORE SPRINGS	DATE: 8-12-16
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LOCATION(S): HISTORY: FOLLOWUP/STATUS:

GROUND COVER/PLANT BEDS:

OVERGROWN

DEAD MATERIAL

THICK MAT

POOR HEALTH

PEST(S):

GOPHERS

MULTIPLE

INSECT

OTHER

RESTROOM(S): *M*

NOT CLEANED

FAULTY PLUMBING

FAULTY LIGHTING

WALKWAYS/PATHS:

FIBER COVERAGE

DOG BAGS

FOUNTAINS

EXERCISE STATIONS

FAULTY LIGHTING

VANDALISM:

GRAFFITI

DAMAGED/MISSING ITEMS

TRASH

WINDWARD SIDE (SEWN)

EXCESSIVE LEAF LITTER

UNLISTED HAZARD

OTHER

NOTE(S):

INSPECTOR'S SIGNATURE: <i>[Signature]</i>	DATE: 8-12-16	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH.
REVIEW ADMINISTRATOR'S SIGNATURE: <i>[Signature]</i>	DATE:	CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: <i>[Signature]</i>