



LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

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

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 type="checkbox"/> MEDIANS			
<input type="checkbox"/> TURF			
<input type="checkbox"/> HARDSCAPE			
SHRUBERY:			
<input type="checkbox"/> HEDGE TRIM/SHAPE			
<input checked="" type="checkbox"/> DEAD MATERIAL	<u>BEN AREA SHRUBERY</u>		
<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			

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST: <i>#157 GOLDEN PLATS 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

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:	