



LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST #: <i># 57 GOLDEN ST STORAGE</i>	DATE: <i>9-27-16</i>
	FOLLOWUP DATE:
Contractor: <i>KANGRO 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 type="checkbox"/> MEDIANS			
<input type="checkbox"/> TURF			
<input type="checkbox"/> HARDSCAPE			
SHRUBERY:			
<input checked="" type="checkbox"/> HEDGE TRIM/SHAPE			
<input checked="" type="checkbox"/> DEAD MATERIAL	<i>SCATTERED</i>		
<input type="checkbox"/> POOR HEALTH			
IVY:			
<input type="checkbox"/> TRIM			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> DETACHMENT			
TREES:			
<input checked="" type="checkbox"/> PRUNING	<i>SHAPING NEEDED</i>		
<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>#27 GOLDEN ST STORAGE</i>	DATE: <i>9-27-16</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 *TUMBLE WEEDS*
- UNLISTED HAZARD/ITEM:

OTHER:

- TURF FERTILIZER DUE(6X/YR) OCT AERIFICATION DUE MAY AERIFICATION DUE
- SPRING BROADLEAF TURF PESTICIDE APPLCTN DUE FALL BROADLEAF TURF PESTICIDE APPLCTN DUE
- SHRUB & GRNDCLR FERTILIZER DUE(3X/YR) PALM FERTILIZER DUE(3x/YR) OCT DETHATCH DUE

INSPECTOR'S SIGNATURE: 	DATE: <i>9-27-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH.
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: