

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER: # 45 CHANNEL PT. MEDIANS	DATE: 10-11-16
	FOLLOW UP DATE:
CONTRACTOR: KANOKO LANDSCAPING	INSPECTOR: W SMITH
	CONTRACTOR REP: J. GUTIERREZ

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.

	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
IRRIGATION:			
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry			
WEEDS:			
Planters			
Medians			
Turf			
Hardscapes			
SHRUBBERY:			
Hedge Trim/Shape			
<input checked="" type="checkbox"/> Dead Material	IMPROVED RAPIDS		<u>NO CHANGE</u>
Poor Health			
IVY:			
Trim			
Poor Health			
Detachment			
TREES:			
<input checked="" type="checkbox"/> Pruning	DAMAGED PALM FROND		<u>NO CHANGE</u>
Poor Health/Dead	NEEDS REMOVAL		
Stalks			
TURF:			
Mow/Edge			
Poor Health			
Other			

LOCATION/DISTRICT NUMBER: <i>Fryschmangel Pt 1601215</i>	DATE: <i>10-11-16</i>
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Locations

History

Follow-up/Status

GROUND COVER/ PLANT BEDS:			
Overgrown			
Dead			
Poor Health			

PESTS:			
Gopher			
Insect			
Other			

RESTROOMS: <i>NA</i>			
Not Clean			
Faulty Plumbing			
Faulty Electrical			

WALKWAYS/PATHS:			
Obstruction/Trip			
Fiber Coverage			
Dog Bags			
Fountains			
Exercise Stations			
Faulty Lighting			

VANDALISM:			
Graffiti			
Missing/Damaged items			

MISC:			
Trash			
Excessive Leaf Litter			
Hazardous Item			
Other			

Turf Fertilizer Due (6x Per Yr)		October Aearification Due		May Aerification Due
Spring Broad Leaf Turf Pesticide Application Due		Fall Broad Leaf Turf Pesticide Application Due		October Dethatch Due
Shrub & Ground Cover Fertilizers Due (3x Per Yr)		Palm Fertilizer Due (3x Per Yr)		

INSPECTORS SIGNATURE: <i>[Signature]</i>	DATE: <i>10-11-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: <i>[Signature]</i>