

# LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER:  # 57 GOLDEN STATE STORAGE	DATE: 10-25-16
	FOLLOW UP DATE: 12-7-16
CONTRACTOR:  KAWERO 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.

	Locations	History	Follow-up/Status
<b>IRRIGATION:</b>			
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry			
<b>WEEDS:</b>			
Planters			
/ Medians	GRASS ON MEDIAN, EB NEAR CURB		NO CHANGE
Turf	7 BULLNOSE		
Hardscapes			
<b>SHRUBBERY:</b>			
Hedge Trim/Shape			
Dead Material			
Poor Health			
<b>IVY:</b>			
Trim			
Poor Health			
Detachment			
<b>TREES:</b>			
Pruning			
Poor Health/Dead			
Stalks			
<b>TURF:</b>			
Mow/Edge			
Poor Health			
Other			

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	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
<b>GROUND COVER/ PLANT BEDS:</b>			
Overgrown			
Dead			
Poor Health			

<b>PESTS:</b>			
Gopher			
Insect			
Other			


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

<b>WALKWAYS/PATHS:</b> NA			
Obstruction/Trip			
Fiber Coverage			
Dog Bags			
Fountains			
Exercise Stations			
Faulty Lighting			

<b>VANDALISM:</b>			
Graffiti			
Missing/Damaged items			

<b>MISC:</b>			
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)		

<b>INSPECTORS SIGNATURE:</b> 	<b>DATE:</b> 10-23-16	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
<b>REVIEW ADMINISTRATORS SIGNATURE:</b>	<b>DATE:</b>	<b>CONTRACTOR/REPRESENTATIVE SIGNATURE:</b> 