

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



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|------------------------------------------------------------|--------------------------------------|
| LOCATION/ DISTRICT NUMBER: <i>#45 CHANGE PT MEDIANS</i> | DATE: <i>2-23-17</i> |
| | FOLLOW UP DATE: |
| CONTRACTOR: <i>KANOKO LANDSCAPING</i> | INSPECTOR: <i>W SMITH</i> |
| | CONTRACTOR REP: <i>A GUTIEREZ</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.

| | <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 | | | |
| Dead Material | | | |
| Poor Health | | | |
| IVY: <i>NA</i> | | | |
| Trim | | | |
| Poor Health | | | |
| Detachment | | | |
| TREES: | | | |
| <input checked="" type="checkbox"/> Pruning <i>DAMAGED PALM FRONDS</i> | | | |
| Poor Health/Dead | | | |
| Stalks | | | |
| TURF: <i>NA</i> | | | |
| Mow/Edge | | | |
| Poor Health | | | |
| Other | | | |

LOCATION/DISTRICT NUMBER:

#45 CHANNEL PT MEDIAN S

DATE:

2-23-17

Locations

History

Follow-up/Status

| | | | |
|----------------------------------------|--|--|--|
| GROUND COVER/ PLANT BEDS: <i>NA</i> | | | |
| Overgrown | | | |
| Dead | | | |
| Poor Health | | | |

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|--------|--|--|--|
| PESTS: | | | |
| Gopher | | | |
| Insect | | | |
| Other | | | |

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

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

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|-----------------------|--|--|--|
| VANDALISM: | | | |
| Graffiti | | | |
| Missing/Damaged items | | | |

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|-----------------------|--|--|--|
| 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) | | |

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|---------------------------------------------|-------------------------|------------------------------------------------------------|
| INSPECTORS SIGNATURE: <i>[Signature]</i> | DATE: <i>2-23-17</i> | I HAVE ATTENDED THIS INSPECTION WALKTHROUGH |
| REVIEW ADMINISTRATORS SIGNATURE: | DATE: | CONTRACTOR/REPRESENTATIVE SIGNATURE: <i>[Signature]</i> |