

# LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER: <i># 48 CHANNEL PT. MEDANS</i>	DATE: <i>3-29-17</i>
	FOLLOW UP DATE:
CONTRACTOR: <i>KANGKO LANDSCAPING</i>	INSPECTOR: <i>W SMITH</i>
	CONTRACTOR REP: <i>J 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>
<b>IRRIGATION:</b>			
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry			
<b>WEEDS:</b>			
Planters			
Medians			
Turf			
Hardscapes			
<b>SHRUBBERY:</b>			
Hedge Trim/Shape			
Dead Material			
Poor Health			
<b>IVY:</b> <i>NA</i>			
Trim			
Poor Health			
Detachment			
<b>TREES:</b>			
Pruning			
Poor Health/Dead			
Stalks			
<b>TURF:</b> <i>NA</i>			
Mow/Edge			
Poor Health			
Other			

LOCATION/DISTRICT NUMBER: <i>#45 CRAWL PT MEDANS</i>	DATE: <i>3-29-17</i>
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<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
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<b>GROUND COVER/ PLANT BEDS:</b> <i>NA</i>			
Overgrown			
Dead			
Poor Health			

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

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

<b>WALKWAYS/PATHS:</b> <i>NA</i>			
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			

<input type="checkbox"/> Turf Fertilizer Due (6x Per Yr)	<input type="checkbox"/> October Aearification Due	<input type="checkbox"/> May Aerification Due
<input type="checkbox"/> Spring Broad Leaf Turf Pesticide Application Due	<input type="checkbox"/> Fall Broad Leaf Turf Pesticide Application Due	<input type="checkbox"/> October Dethatch Due
<input checked="" type="checkbox"/> Shrub & Ground Cover Fertilizers Due (3x Per Yr)	<input checked="" type="checkbox"/> Palm Fertilizer Due (3x Per Yr)	

INSPECTORS SIGNATURE: <i>[Signature]</i>	DATE: <i>3-29-17</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: <i>[Signature]</i>