

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/ DISTRICT NUMBER: <i># 57 GOLDEN ST. STORAGE</i>	DATE: <i>2-28-17</i>
	FOLLOW UP DATE: <i>4-5-17</i>
CONTRACTOR: <i>KAMERO LANDSCAPING</i>	INSPECTOR: <i>W. SMITH</i>
	CONTRACTOR REP: <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.

	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
IRRIGATION:			
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry			
WEEDS:			
Planters <i>NA</i>			
Medians			<i>NO CHANGE</i>
Turf <i>NA</i>			<i>(WAS)</i>
Hardscapes			
SHRUBBERY:			
Hedge Trim/Shape			
Dead Material			
Poor Health			
IVY:			
Trim			
Poor Health			
Detachment			
TREES:			
Pruning			
Poor Health/Dead			
Stalks			
TURF: <i>NA</i>			
Mow/Edge			
Poor Health			
Other			

LOCATION/DISTRICT NUMBER: #57 Golden St Spillage	DATE: 2-28-17
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	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
GROUND COVER/ PLANT BEDS:			
Overgrown			
Dead			
Poor Health			

PESTS:			
Gopher			
Insect			
Other			

RESTROOMS: NA			
Not Clean			
Faulty Plumbing			
Faulty Electrical			

WALKWAYS/PATHS: NA			
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 Aeration Due	May Aeration 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: 2-28-17	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: