

# LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER:  <i>#57 GILSON ST. STORAGE</i>	DATE:  <i>4-9-17</i>
	FOLLOW UP DATE:
CONTRACTOR:  <i>KAWKO LANDSCAPING</i>	INSPECTOR:  <i>W SMITH</i>
	CONTRACTOR REP:  <i>J. GUTTORGEZ</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 <i>NA</i>			
<input checked="" type="checkbox"/> Medians <i>HEAVY INFESTATION</i>			
Turf <i>NA</i>			
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> <i>NA</i>			
Mow/Edge			
Poor Health			
Other			

<b>LOCATION/DISTRICT NUMBER:</b> <i>#577 GOLDEN ST. STORAGE</i>	<b>DATE:</b> <i>4-8-17</i>
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Locations

History

Follow-up/Status

<b>GROUND COVER/ PLANT BEDS:</b>			
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			

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

<b>INSPECTORS SIGNATURE:</b> 	<b>DATE:</b> <i>4-5-17</i>	<b>I HAVE ATTENDED THIS INSPECTION WALKTHROUGH</b>
<b>REVIEW ADMINISTRATORS SIGNATURE:</b>	<b>DATE:</b>	<b>CONTRACTOR/REPRESENTATIVE SIGNATURE:</b> 