

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER: <i>#57 GOLDEN STATE STORAGE</i>	DATE: <i>5-11-17</i>
	FOLLOW UP DATE:
CONTRACTOR: <i>KANEKO LANDSCAPES</i>	INSPECTOR: <i>JOSEPH BEARDSHEAR</i>
	CONTRACTOR REP: <i>JAVIER 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.

	Locations	History	Follow-up/Status
IRRIGATION:			
Breaks/Leaks			
Poor Coverage			
Too Wet			
<input checked="" type="checkbox"/> Too Dry		<i>MEDIAN TOO DRY/ADD WATER TIME</i>	
WEEDS:			
Planters			
<input checked="" type="checkbox"/> Medians		<i>IN GENERAL</i>	
Turf			
Hardscapes			
SHRUBBERY:			
<input checked="" type="checkbox"/> Hedge Trim/Shape		<i>IN GENERAL/BOUGAINVILLEA TRIM</i>	
Dead Material			
Poor Health			
IVY:			
Trim			
Poor Health			
Detachment			
TREES:			
Pruning			
<input checked="" type="checkbox"/> Poor Health/Dead		<i>two trees towards w/end dying</i>	
Stalks			
TURF:			
Mow/Edge			
Poor Health			
Other			

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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:	N/A		
Not Clean			
Faulty Plumbing			
Faulty Electrical			
WALKWAYS/PATHS:			
Obstruction/Trip			
Fiber Coverage			
Dog Bags			
Fountains			
Exercise Stations			
Faulty Lighting			
VANDALISM:			
Graffiti			
Missing/Damaged Items			
FENCING:			
Posts: Loose			
Posts: Missing Caps			
Panels: Bent Bars			
Panels: Missing Bars			
Panels: Missing Bolts			
Gate: Hinge			
Gate: Locking Mechanism			
Gate: Lock Missing			
Gate: Swings Freely			
Paint: Scratches			
Paint: Rust			
Paint: Flaking			
Paint: Chipped			
Other: Plants Too Close			

LOCATION/DISTRICT NUMBER: #517 GOLDEN STATE STORAGE	DATE: 5-11-17
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	Locations	History	Follow-up/Status
Other: Sprinklers Hitting Fence			
Other:			

	Locations	History	Follow-up/Status
MISC:			
Trash			
Excessive Leaf Litter			
Hazardous Item			
Other			

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

INSPECTORS SIGNATURE: 	DATE: 5-11-17	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE:

Additional Notes: _____
