

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/ DISTRICT NUMBER: #45 CHANNEL POINTE MED.	DATE: 6-5-17
	FOLLOW UP DATE:
CONTRACTOR: KANEKO LANDSCAPING	INSPECTOR: JOSEPH BEARDSHEAR
	CONTRACTOR REP: JAVIER GUTIERREZ

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:			
Trim			
Poor Health			
Detachment			
TREES:			
Pruning			
X Poor Health/Dead	TIPU ON ROSE AVE DECLINING IN HEALTH		
Stalks			
TURF:			
Mow/Edge			
Poor Health			
Other			

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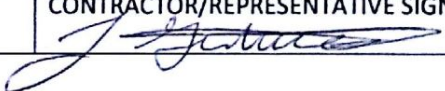
	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
GROUND COVER/ PLANT BEDS:			
Overgrown			
Dead			
Poor Health			
PESTS:			
Gopher			
Insect			
Other			
RESTROOMS:			
Not Clean			
Faulty Plumbing			
Faulty Electrical			
WALKWAYS/PATHS:			
Obstruction/Trip			
Fiber Coverage			
Dog Bags			
Fountains			
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			

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	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
Other: Sprinklers Hitting Fence			
Other:			

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)		

INSPECTORS SIGNATURE: 	DATE: 6-5-17	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: 

Additional Notes:
