

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER: #57 GOLDEN STATE STORAGE	DATE: 6-22-17
	FOLLOW UP DATE:
CONTRACTOR: KANKLO 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.

	Locations	History	Follow-up/Status
IRRIGATION:			
Breaks/Leaks			
Poor Coverage			
Too Wet			WATERING IMPROVED
Too Dry			
WEEDS:			
Planters			WEEDS IMPROVED
Medians			
Turf			
Hardscapes			
SHRUBBERY:			
Hedge Trim/Shape			BOGANVILLA TRIMMED
Dead Material			
Poor Health			
IVY:			
Trim			
Poor Health			
Detachment			
TREES:			
Pruning			
<input checked="" type="checkbox"/> Poor Health/Dead	TWO TREES ON	W/END STILL	
Stalks	STRUGGLING		
TURF:			
Mow/Edge			
Poor Health			
Other			

LOCATION/DISTRICT NUMBER: WEST GOLDEN STATE STORAGE	DATE: 6-22-17
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Locations

History

Follow-up/Status

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			


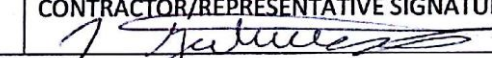
FENCING:			
Posts: Loose			
Posts: Missing Caps			
Panels: Bent Bars			
Panels: Missing Bars			
Panels: Missing Bolts			
Gate: Hinge			
Gate: Locking Mechanism			
Gate: Lock Missing			
Gate: Swings Freely			
Paint: Scratches			
Paint: Rust			
Paint: Flaking			
Paint: Chipped			
Other: Plants Too Close			

LOCATION/DISTRICT NUMBER: #577 GOLDEN STATE STORAGE	DATE: 6-22-17
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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			

<input type="checkbox"/> Turf Fertilizer Due (6x Per Yr)	<input type="checkbox"/> October Aearification Due	<input type="checkbox"/> May Aerification Due
<input checked="" 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 type="checkbox"/> Palm Fertilizer Due (3x Per Yr)	

INSPECTORS SIGNATURE: 	DATE: 6-22-17	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: 

Additional Notes:
