



Greenhouse Maintenance Checklist Template

 Show only Checklist

Display Style
Default 

Structural Integrity

Assess the greenhouse frame, glazing, and foundation for damage or deterioration.

Frame Corrosion Level (0-10)

Enter a number...

Glazing Panel Cracks (Count)

Enter a number...



Foundation Stability

- ☐ Stable
- ☐ Slight Settlement
- ☐ Moderate Settlement
- ☐ Significant Settlement

Last Frame Repair Date

Enter date...

Notes on Structural Condition

Write something...

Photos of Structural Concerns

 Upload File

HVAC System

Check heating, ventilation, and air conditioning systems for optimal performance and efficiency.

Temperature (High)

Enter a number...

Temperature (Low)

Enter a number...

Humidity (%)

Enter a number...

Last Filter Replacement

Enter date...

Runtime of System (hours)

Enter time...

System Performance

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Notes/Observations

Write something...

Photo/Video of System

 Upload File

Irrigation & Watering

Inspect irrigation lines, pumps, timers, and nozzles for leaks, blockages, and proper function.

Water Pressure (PSI)

Enter a number...

Flow Rate (GPM)

Enter a number...

Water Source Quality

- ☐ Municipal
- ☐ Well
- ☐ Rainwater Harvesting

Irrigation Zones Checked

- ☐ Zone 1
- ☐ Zone 2
- ☐ Zone 3
- ☐ Zone 4

Last Filter Replacement Date

Enter date...

Scheduled Watering Start Time

Enter time...

Notes on Irrigation System Performance

Write something...

Environmental Controls

Verify accurate readings and functionality of temperature, humidity, and CO2 sensors and control systems.

Temperature (High) °C

Enter a number...

Temperature (Low) °C

Enter a number...

Humidity (%)

Enter a number...

CO2 Level (ppm)

Enter a number...

Temperature Sensor Status

☐ Operational

☐ Faulty

☐ Needs Calibration

Humidity Sensor Status

- ☐ Operational
- ☐ Faulty
- ☐ Needs Calibration

Last Calibration Date

Enter date...

Time of Reading

Enter time...

Lighting Systems

Check grow lights, timers, and wiring for proper operation and potential hazards.

Light Intensity (Lux)

Enter a number...

Last Bulb Replacement Date

Enter date...

Lighting System Start Time

Number of Operational Grow Lights

Light Type (LED, HPS, Metal Halide)

- ☐ LED
- ☐ HPS
- ☐ Metal Halide

Voltage at Light Fixture (V)

Pest & Disease Control

Inspect for signs of pests or diseases and implement preventative measures.

Observed Pest(s)

- ☐ Aphids
- ☐ Spider Mites
- ☐ Whiteflies
- ☐ Fungus Gnats
- ☐ Thrips
- ☐ None
- ☐ Other

Observed Disease(s)

- ☐ Powdery Mildew
- ☐ Botrytis
- ☐ Root Rot
- ☐ Leaf Spot
- ☐ None
- ☐ Other

Detailed Description of Issue

Write something...

Pest/Disease Severity (1-10)

Enter a number...

Date of Observation

Enter date...

Control Measures Taken

Write something...

Photo Documentation (Optional)

 Upload File

Shading & Ventilation

Evaluate shading materials and ventilation systems for effectiveness and condition.

Shade Cloth Density (%)

Last Shade Cloth Replacement Date

Ventilation Fan Speed (RPM)

Vent Opening Status

- ☐ Fully Open
- ☐ Partially Open
- ☐ Closed

Temperature (°C) - Under Shade

Notes on Shade/Ventilation Performance

Safety Equipment

Ensure fire extinguishers, emergency exits, and other safety equipment are accessible and functional.

Fire Extinguisher Inspection Date

Emergency Exit Route Review Date

First Aid Kit Condition

- ☐ Fully Stocked
- ☐ Partially Stocked
- ☐ Empty/Restock Needed

Eye Wash Station Functionality

- ☐ Functional
- ☐ Needs Repair
- ☐ Not Present

Number of Functional Emergency Lights

Enter a number...

Security System Status

- ☐ Active
- ☐ Inactive
- ☐ Needs Repair

Cleanliness & Sanitation

Maintain a clean and sanitary environment to prevent disease and promote healthy plant growth.

Floor Cleaning Frequency (days)

Enter a number...

Bench/Work Surface Cleaning Frequency (days)

Enter a number...

Disinfectant Used

- ☐ Bleach
- ☐ Quaternary Ammonium
- ☐ Hydrogen Peroxide
- ☐ Other

Notes on Cleaning Procedures/Observations

Write something...

Last Deep Clean Date

Enter date...

Debris Removal Method

- ☐ Vacuum
- ☐ Broom & Dustpan
- ☐ Wet Mopping
- ☐ Other

Security

Check doors, windows, and security systems to prevent unauthorized access.

Last Security System Inspection Date

Enter date...

Last Perimeter Check Time

Enter time...

Alarm System Status

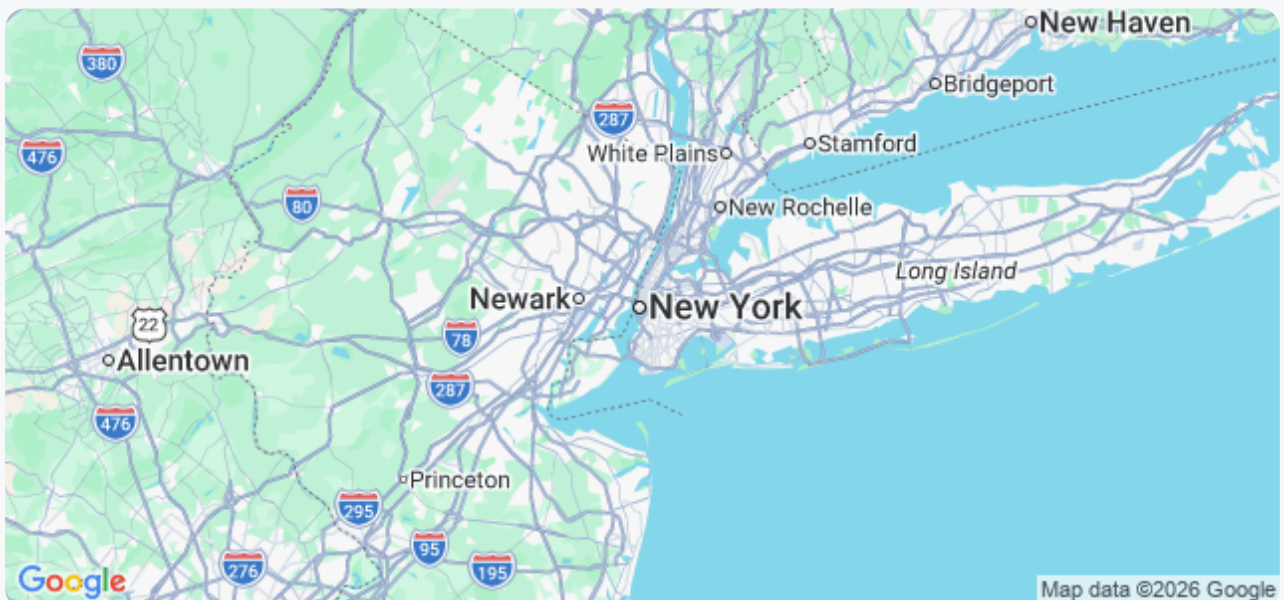
- ☐ Active
- ☐ Inactive
- ☐ Testing

Number of Security Cameras Functioning

Enter a number...

Location of any Found Security Breaches

 [Set My Current Location](#)



Security Personnel Signature
