



Landscaping & Groundskeeping Checklist (Weekly/Monthly)

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Lawn Care

Tasks related to maintaining the grass areas, including mowing, edging, and fertilization.

Last Mowing Date

Enter date...

Mowing Height (inches)

Enter a number...



Areas Mowed

- ☐ Front Lawn
- ☐ Side Lawn
- ☐ Back Lawn
- ☐ Island Beds/Small Areas

Notes on Lawn Condition

Write something...

Fertilizer Applied (lbs)

Enter a number...

Fertilizer Type

- ☐ None
- ☐ Slow-Release
- ☐ Quick-Release

Start Time

Enter time...

End Time

Enter time...

Plant & Flower Bed Maintenance

Tasks focused on keeping flower beds and planted areas healthy and attractive.

Last Fertilization Date

Enter date...

Fertilizer Amount (lbs)

Enter a number...

Pest/Disease Observed?

- ☐ Aphids
- ☐ Spider Mites
- ☐ Fungal Disease
- ☐ None

Notes on Plant Health & Condition

Write something...

Deadhead Count (flowers)

Enter a number...

Watering Needs - Adjust?

- ☐ Increase
- ☐ Decrease
- ☐ No Change

Photo Documentation (optional)

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Tree & Shrub Care

Tasks related to the health and appearance of trees and shrubs.

Last Pruning Date

Enter date...

Shrub/Tree Height (inches)

Enter a number...

Overall Health Assessment

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

Notes on Condition (e.g., disease, pests, damage)

Write something...

Fertilizer Application?

- ☐ Yes
- ☐ No

Date of Next Pruning (if needed)

Enter date...

Diameter at Breast Height (DBH) - inches

Possible Pest/Disease Signs?

- ☐ Aphids
- ☐ Spider Mites
- ☐ Fungal Growth
- ☐ Leaf Spots
- ☐ None Observed

Weed Control

Tasks to prevent and remove unwanted plants.

Area Treated (sq ft)

Weed Control Method Used

- ☐ Manual Weeding
- ☐ Herbicide Application
- ☐ Organic Weed Preventer

Herbicide Product Used (if applicable)

Write something...

Herbicide Application Rate (oz/sq ft) (if applicable)

Enter a number...

Date of Last Weed Control Treatment

Enter date...

Areas with Significant Weed Growth

- ☐ Flower Beds
- ☐ Lawn Edges
- ☐ Paved Areas
- ☐ Parking Lot

Notes on Weed Species Observed (optional)

Write something...

Irrigation System Maintenance

Checking and maintaining the watering systems to ensure efficient operation.

Last System Inspection Date

Enter date...

Water Pressure (PSI)

Enter a number...

Flow Rate (GPM)

Enter a number...

Sprinkler Head Condition

☐ Good

☐ Fair

☐ Needs Replacement

Areas with Leaks?

- ☐ Zone 1
- ☐ Zone 2
- ☐ Zone 3
- ☐ No Leaks Found

Notes/Observations

Write something...

Filter Condition

- ☐ Clean
- ☐ Needs Cleaning
- ☐ Needs Replacement

Last Adjustment Time

Enter time...

Hardscape & Walkway Maintenance

Tasks related to maintaining paved areas, walkways, and patios.

Cracks/Damage to Pavement (Count)

Enter a number...

Description of any pavement cracks/damage/settling

Write something...

Clean Walkways/Patios (Sweep/Blow)

Write something...

Grout/Joint Repair Needed?

☐ Yes

☐ No

Trip Hazards Identified (Count)

Enter a number...

Details of Trip Hazards (e.g., uneven pavers, tree roots)

Write something...

Power Wash Walkways/Patios?

- ☐ Yes
- ☐ No

Last Power Washing Date

Enter date...

Trash & Debris Removal

Ensuring the grounds are free from litter and debris.

Number of Trash Bins Emptied

Enter a number...

Areas Checked for Debris

- ☐ Parking Lot
- ☐ Entrance Areas
- ☐ Sidewalks/Walkways
- ☐ Landscaped Beds
- ☐ Building Exterior
- ☐ Perimeter/Fencing

Notes on Unusual Debris or Accumulation

Write something...

Estimated Volume of Large Debris Removed (cubic yards)

Enter a number...

Type of Debris Primarily Encountered

- ☐ General Litter (paper, bottles)
- ☐ Organic Waste (leaves, branches)
- ☐ Construction Debris
- ☐ Other

Date of Last Litter Pickup (if different than scheduled)

Enter date...

Safety & Pest Control

Tasks related to safety hazards and addressing pest issues.

Pest Control Treatment Applied?

- ☐ Yes
- ☐ No
- ☐ Not Required

Date of Last Pest Control Treatment

Enter date...

Number of Standing Water Sources Identified

Enter a number...

Notes on Standing Water or Potential Hazards

Write something...

Check for Damaged or Fallen Branches?

☐ Yes

☐ No

Description of Any Tree Hazards

Write something...

Check for Trip Hazards (cracks, uneven surfaces)?

☐ Yes

☐ No

Description of Trip Hazards

Write something...

Photos of Safety Concerns

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