



# Landscaping & Groundskeeping Checklist (Weekly/Monthly)

## 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

### End 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)**

 Upload File

## **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**

Enter a number...

### **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)**

Enter a number...

### **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

## 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)?

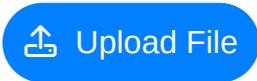
Yes

No

### Description of Trip Hazards

Write something...

### Photos of Safety Concerns

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