



# Landscaping & Groundskeeping Checklist (Weekly/Monthly)

## Lawn Care

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

### Last Mowing Date

### Mowing Height (inches)

### Areas Mowed

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

### Notes on Lawn Condition

### 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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