


# Weekly Grounds Maintenance Checklist

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## Lawn Care

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

### Mowing Height (inches)

Enter a number...

### Mowing Pattern

- Straight Lines
- Circular
- Diagonal



**Fertilizer Application Rate (lbs/1000 sq ft)**

Enter a number...

**Fertilizer Type**

- Slow-Release
- Quick-Release

**Last Weed Control Application Date**

Enter date...

**Notes on Lawn Condition (e.g., dry spots, discoloration)**

Write something...

**Amount of edging product used (gallons)**

Enter a number...

**Edging Method**

- Manual
- Power Edger

# Plant Bed Maintenance

Focuses on the upkeep of flower beds, shrubs, and other planted areas.

## Weed Control: Which areas required weeding?

- Flower Beds
- Shrub Borders
- Around Trees
- Walkway Edges
- None - No Weeds Found

## Fertilizer Application: Amount of fertilizer applied (lbs)

Enter a number...

## Mulch Condition: Condition of existing mulch?

- Excellent - No Replenishment Needed
- Good - Minor Top-Up Recommended
- Fair - Requires Significant Top-Up
- Poor - Requires Full Replacement

## Notes on Plant Health: Any observations about plant health (e.g., discoloration, wilting, signs of disease)?

Write something...

### Last Date of Mulching

Enter date...

### Deadheading Required?

Yes

No

### Number of Deadheaded Plants

Enter a number...

## Tree & Shrub Care

Includes pruning, monitoring for disease/pests, and general health checks of trees and shrubs.

### Date of Last Pruning

Enter date...

### Overall Tree/Shrub Health

- Excellent
- Good
- Fair
- Poor

### Number of Trees/Shrubs Checked

Enter a number...

### Notes on any Visible Disease or Pest Issues

Write something...

### Pruning Required?

- Yes
- No

### Specific Pruning Instructions (if required)

Write something...

### Photos of Concerns (e.g., pests, disease)

 Upload File

### Fertilizer Applied?

Yes

No

### Notes on fertilizer type and application

Write something...

## Walkways & Patios

Covers cleaning, sweeping, and repair of all walkways, patios, and outdoor seating areas.

### Sweep Walkways and Patios (square feet)

Enter a number...

### Pathway Cleaning Method

- Broom
- Blower
- Pressure Washer

### Number of cracks sealed (if applicable)

Enter a number...

### Patio Surface Condition

- Excellent
- Good
- Fair
- Poor

### Notes on patio/walkway condition and repairs needed

Write something...

### Photos of walkway/patio condition (before/after)

 Upload File

# Irrigation System

Checks and maintenance of the sprinkler system, ensuring proper watering.

## System Run Time (minutes)

## System Performance

- Excellent
- Good
- Fair
- Poor

## Water Pressure (PSI)

## Areas with Low/Uneven Watering

- Front Lawn
- Back Patio
- Flower Beds
- Shrub Areas
- None

### Notes on System Issues or Adjustments

Write something...

### Last Filter Change Date

Enter date...

### Heads Clogged?

Yes

No

## Debris Removal & Litter Control

Focuses on removing trash, fallen leaves, and other debris from the grounds.

### Areas Inspected for Debris

Lawn Areas

Flower Beds

Walkways

Parking Areas

Outdoor Seating Areas

Pool Area

Building Entrances

### Description of Debris Removed (Quantity & Type)

Write something...

### Number of Trash Receptors Emptied

Enter a number...

### Types of Litter Found

- Paper/Cardboard
- Plastic Bottles/Containers
- Food Wrappers
- Cigarette Butts
- Glass
- Other (Specify in Long Text)

### Note any areas with recurring litter problems

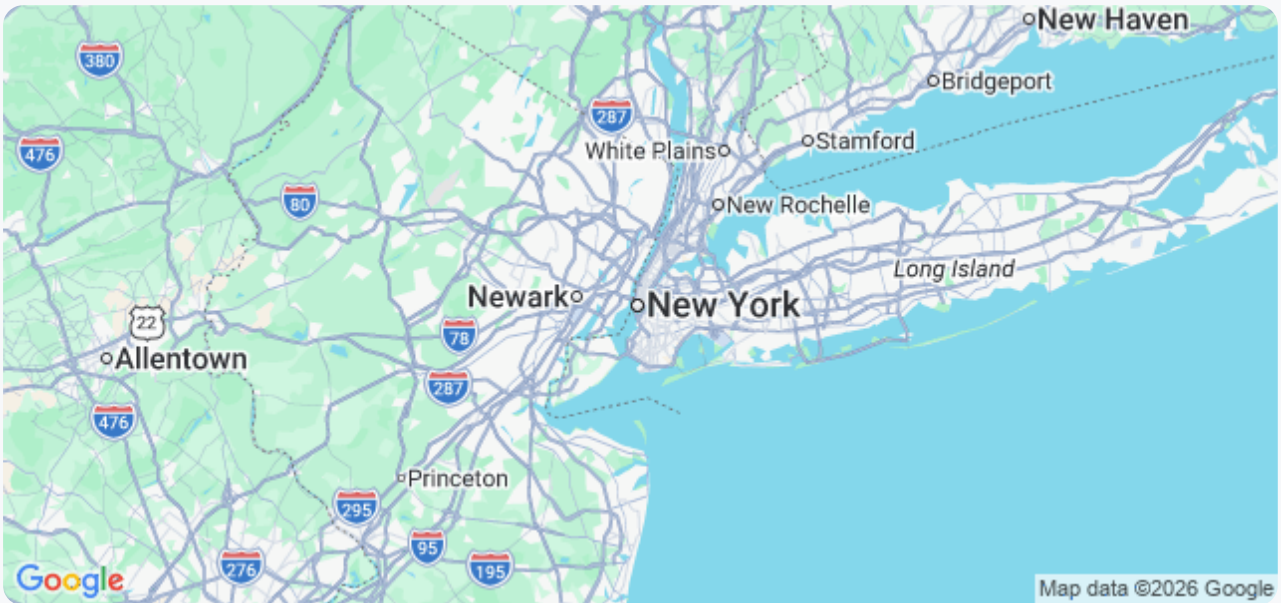
Write something...

### Gallons of leaves/organic debris removed (estimate)

Enter a number...

### Location of Large Debris (if applicable)

 [Set My Current Location](#)



## Outdoor Furniture & Fixtures

Covers cleaning, inspection, and minor repairs to outdoor furniture, lighting, and other fixtures.

### Furniture Cleaning - What was cleaned?

- Tables
- Chairs
- Lounges
- Umbrellas
- Other (Specify in Long Text)

**If 'Other' was selected, please specify:**

Write something...

**Number of chairs/tables cleaned/moved**

Enter a number...

**Cleaning Method Used**

- Soap & Water
- Specialized Furniture Cleaner
- Pressure Washing (if applicable)

**Notes on furniture condition/issues**

Write something...

**Lighting Status**

- All lights functioning
- Minor bulb replacements
- Requires maintenance/repair

**Detailed description of lighting maintenance (if any)**

Write something...

# Pest Control

Monitoring and proactive measures to manage pests impacting the grounds.

## Pest Activity Level

- No Activity
- Low Activity
- Moderate Activity
- High Activity

## Pests Observed (Check all that apply)

- Ants
- Mosquitoes
- Spiders
- Flies
- Rodents
- Other (Specify in Long Text)

## Specify 'Other' Pest Observed (if applicable)

Write something...

## Approximate Area Affected (sq ft)

Enter a number...

### Last Pest Control Treatment Date

Enter date...

### Treatment Performed?

Yes

No

### Details of Treatment Performed (if applicable)

Write something...

### Photo Evidence of Pest Activity (Optional)

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