



Weekly Grounds Maintenance

Lawn Care

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

Mowing Height (inches)

Mowing Pattern

- ☐ Straight Lines
- ☐ Circular
- ☐ Diagonal

Fertilizer Application Rate (lbs/1000 sq ft)

Fertilizer Type

- ☐ Slow-Release
- ☐ Quick-Release

Last Weed Control Application 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)

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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)

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Irrigation System

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

System Run Time (minutes)

Enter a number...

System Performance

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

Water Pressure (PSI)

Enter a number...

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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