

Area Evaluation Form

KEY:

E = Excellent G = Good

NI = Needs Improvement

Please use reverse side to detail and describe problems

AREA: _____ Location

1. _____
2. _____
3. _____
4. _____
5. _____

INSPECTION REPORT BY _____ DATE: _____

		1	2	3	4	5
Overall Appearance	—	—	—	—	—	
A. LAWN AREAS						
1) Grass cut at proper height	—	—	—	—	—	
2) Sprayed or trimmed around signs, poles, etc.	—	—	—	—	—	
3) Weed control		—	—	—	—	—
4) Edged		—	—	—	—	—
5) Bare areas		—	—	—	—	—
6) Disease or insects present	—	—	—	—	—	
B. PLANT MATERIAL						
1) Pruned properly		—	—	—	—	—
2) Beds weeded or sprayed	—	—	—	—	—	
3) Beds edged		—	—	—	—	—
4) Disease or insects present	—	—	—	—	—	
5) Debris		—	—	—	—	—
6) Dead or missing plant material	—	—	—	—	—	
C. WALKS, DRIVEWAYS OR PARKING LOTS						
1) Blown		—	—	—	—	—
2) Debris		—	—	—	—	—
3) Weed control		—	—	—	—	—
D. FLORICULTURE						
1) General Appearance		—	—	—	—	—
2) Dead or missing plant material	—	—	—	—	—	
3) Weed control		—	—	—	—	—
E. COMMENTS						