

LANDSCAPE QUALITY CONTROL CHECKLIST

(Include a short note at the beginning to introduce the Quality Control Manager and explain that they came by today to make sure the landscape looked its best. Include contact information.)

Date _____ Time _____ Inspector _____ Client's Name and Address _____			
	LOCATION	PLANT NAME	PROBLEM/ACTION TAKEN
TURF			
SHRUBS			
TREES			
OTHER			
DRY PLANTS			
WET PLANTS			
AREAS NEEDING MULCH			
TREE WORK NEEDED			
PLANTS TO REPLACE			
IRRIGATION REPAIRS NEEDED			
ADDITIONAL OBSERVATIONS:			

