

15-Minute Commercial Landscape Walkthrough Checklist

Use during monthly property walks, vendor reviews, owner visits, budget planning, or recurring landscape issue tracking.

Property: _____ Reviewer: _____

Date: _____ Last Service Date: _____

Weather or Recent Event: _____ Walkthrough Type: _____

Instructions

Complete during a 10 to 15 minute walk of the most visible landscape areas. Mark each item as OK, Needs Attention, or N/A. Use notes for location, urgency, and next step.

Walkthrough setup

Area	OK	Needs	N/A	Notes / Location / Next Step
Recent complaints reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open vendor items reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous walkthrough items reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent irrigation issues reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent weather or storm events noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Upcoming owner, tenant, resident, or leasing events considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Photos ready for documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Entrances and first impressions

Area	OK	Needs	N/A	Notes / Location / Next Step
Main entrance looks clean and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secondary entrances reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Monument signs visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Entry beds clean and weed-free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mulch condition acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seasonal color healthy or reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turf near entrance reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Irrigation overspray checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trash and debris checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driver sight lines reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Turf and open areas

Area	OK	Needs	N/A	Notes / Location / Next Step
Mowing quality reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Edging reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
String trimming reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry spots documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wet areas documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weeds documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thin turf documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ruts or scalping documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dog or high-traffic damage noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drainage or erosion concerns noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Beds, shrubs, and plant material

Area	OK	Needs	N/A	Notes / Location / Next Step
Bed weeds reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shrub pruning reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dead plants documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Declining plants documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plants blocking windows or signs documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bed edges reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Debris in beds checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seasonal color reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enhancement needs noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Irrigation

Area	OK	Needs	N/A	Notes / Location / Next Step
Broken heads documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leaks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overspray documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runoff documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wet sidewalks documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry zones documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standing water documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Controller concerns noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High water bill concern noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repair follow-up needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Trees, visibility, and access

Area	OK	Needs	N/A	Notes / Location / Next Step
Low limbs reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deadwood documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storm damage documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sign visibility reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driver sight lines reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sidewalk clearance reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lighting or camera blockage reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tree work needing pricing noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety concern flagged if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Tenant, resident, and customer-facing areas

Area	OK	Needs	N/A	Notes / Location / Next Step
Leasing path reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storefront approaches reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Office entries reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amenity areas reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pool or clubhouse areas reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dog areas reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor seating areas reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking lot islands reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trash enclosure screening reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High-complaint areas reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Vendor performance and next steps

Area	OK	Needs	N/A	Notes / Location / Next Step
Issues vendor should correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Issues needing inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Issues needing pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Issues needing owner approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Issues needing immediate escalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Issues to monitor next month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Photos attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vendor follow-up sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Owner or regional note needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Budget item added if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Top 5 follow-up items

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

Recommended next step

- | | |
|----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Continue monitoring | <input type="checkbox"/> Send vendor correction request |
| <input type="checkbox"/> Request vendor inspection | <input type="checkbox"/> Request repair pricing |
| <input type="checkbox"/> Request owner approval | <input type="checkbox"/> Schedule landscape performance audit |
| <input type="checkbox"/> Add to budget plan | <input type="checkbox"/> Begin vendor review or rebid planning |