

Cemetery Maintenance Inspection Form

Cemetery: _____ Date: _____ Inspected By: _____

Elements	Issues	Good	Requires Attention	Not Applicable	Comments/Location
LAWNS	General Appearance				
	Mowing Height				
	Water/Moisture				
	Edging/Trimming				
	Pest/Disease Control				
	Weed Control				
	Fertilization				
	Other				
BEDDING PLANTS & PLANTERS	Plant condition				
	Water/Moisture				
	Pest/Disease Control				
	Cultivation				
	Staking				
	Dead Heading				
	Trimming				
	Fertilizing				
	Weed Control				
	Edging				
	Mulching				
Other					
PERENNIALS & GRASSES	Plant Condition				
	Water/Moisture				
	Pest/Disease Control				
	Cultivation				
	Staking				
	Dead Heading				
	Trimming				
	Fertilizing				
	Weed Control				
	Edging				
Other					

Elements	Issues	Good	Requires Attention	Not Applicable	Comments/Location
SHRUBS & GROUNDCOVERS	General Condition				
	Water/Moisture				
	Pest/Disease Control				
	Pruning				
	Shearing				
	Trimming				
	Weed Control				
	Cultivation				
	Fertilizing				
	Mulching				
	Other				
TREES	General Condition				
	Water/Moisture				
	Pest/Disease Control				
	Edging Wells				
	Mulching				
	Pruning				
	Repair				
	Hazards				
	Plant Support				
	Stakes/Wires/ Anchors				
	Base Damage/Girdling				
Fertilization					
Other					
IRRIGATION	Heads/Risers				
	Pressure				
	Coverage				
	Controller Settings				
	Leaks				
Other					
DRAINS/DITCHES	Debris				
	Pollution				
	Other				
FURNISHINGS & FIXTURES	Damage				
	Dirty				
OTHER					