



PARK QUALITY CONTROL INSPECTION

Park Name/Section: _____ Date Inspected: _____

District: _____ Inspector name (please print): _____

OVERALL CONDITIONS:

ITEM	RATING 1=low, 10=high	DESCRIBE ACTION NEEDED
Litter, trash		
Garbage cans empty		
Turf (mowing, trimming, damage)		
Limbs down, tree issues		
Natural areas		
Graffiti		
Sidewalks, pavement, parking lots		
Park buildings, shelters, other structures		
Fences, backstops, goals		
Playground conditions		
Benches, bleachers		
Drinking fountains		
Electrical or lighting		
Standing water, clogged drains		
Sink holes, erosion		
Kudzu, unwanted vegetation		
Illegal dumping, urban camping		
Fire ants, other insects		
Shrubs, plants, flowers		
Gates, bollards		
Lakes/Streams/Rivers/Banks		
Signage		

ADDITIONAL COMMENTS:

Inspector Signature: _____ Phone: _____