

# Landscaping Project Handover Inspection Sheet

Project Name

Location

Date

Contractor

Client/Owner

## Inspection Items

Item Description	Status	Comments
Softscaping (turf, plants, mulch, etc.)	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Attention	<input type="text"/>
Hardscaping (paths, walls, edging, etc.)	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Attention	<input type="text"/>
Irrigation System	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Attention	<input type="text"/>
Drainage	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Attention	<input type="text"/>
Clean Up & Site Condition	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Attention	<input type="text"/>
Other (Specify below)	<input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Attention	<input type="text"/>

## Notes/Deficiencies

## Sign-Off

Inspected By

Name:  Date:

Client/Owner

Name:  Date: