Community Garden Checklist

Garden Name: ______________________________ Date:_____________________
Walk-Through Participants: __________________________

General Upkeep. Please check ALL that apply.

- Is there litter, trash or dumping inside the garden’s fence (not in receptacle)?
- Is there litter, trash or dumping near the garden (not in receptacle)? Are all the beds planted or properly covered?
- Are any general repairs needed? If so, please list below.

Fencing. Please check ALL that apply.

- Are vines or other vegetation limiting visibility into the garden?
- Are there weeds along fence lines?
- Is there any evidence of spraying or chemical edging along fences? What is the condition of the perimeter fence. If repairs are needed, please list below.
  - ☐ Good ☐ Fair ☐ Poor ☐ Needs Repair

Sheds. Please check ALL that apply.

- Are tools stored in neat and orderly manner?
- Are prohibited or unlabeled products present?
- What is the condition of the shed? If repairs are needed, please list below.
  - ☐ Good ☐ Fair ☐ Poor ☐ Needs Repair

Community Accessibility. Please check ALL that apply.

- Is there an orderly gathering area?
- Is there a play area nearby for children?
- Is there standard signage in place? If so, please assess the condition. If repairs are needed, please list below.
  - ☐ Good ☐ Fair ☐ Poor ☐ Needs Repair

Hazards

- Is the garden free from safety concerns, such as trip hazards and loose projectiles? If not, describe hazard and complete an Internal Hazard Report:

Other notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
**Integrated Pest Management Scouting.** Please check ALL that apply and list details in table below.

- ☐ Is there any observed need for pesticide treatments?
- ☐ Is the garden relatively free of weeds?
- ☐ Are any problematic (IFAS- or FLEPPC-listed) plants present?

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<tr>
<th>Pest</th>
<th>Location</th>
<th>Recommended action</th>
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**Requested supplies:**

________________________________________________________________________________
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<tr>
<th>Required Follow-up</th>
<th>Responsible entity</th>
<th>Date Completed</th>
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**PESTICIDE APPLICATION RECORD**

Applicator ______________________________  Application start time _______stop time ____________
Chemical/Brand Name ____________________  Active Material & Formulation Conc.________________
Target Pest(s) Total Area Treated __________________
Application Rate (per acre) _____________  Amount of Pesticide Mixed Per _____ Gallons of Water
Total Amount of Pesticide Used _____________
Additive (Surfactant/Wetting Agent in gallons or lbs.)________________________ Rate _____________
Method of Application/ Equipment used: ____________________  Speed (mph) Motor Speed (RPM)____________
Nozzle Type _______________  Nozzle Height ______________ Nozzle Spacing ______________
Boom Width _______________  Gallon per Acre (GPA) __________ Spray Pressure (PSI) __________
OTHER COMMENTS:

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OTHER COMMENTS:

Signature: __________________________________________  Date: __________________