

## Commercial Property Assessment

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Property/Location: \_\_\_\_\_

### Turf Checklist

<b>Turfgrass Species Present</b> (% of each)	Kentucky Bluegrass_____ Tall Fescue_____ Perennial Ryegrass_____ Fine Leaf Fescue_____ Other: Species Differences Front vs. Back? Yes _____ No _____	<b>Comment</b>
<b>Lawn Info</b>	Age:_____ Seed:_____ Sod:_____ Full Sun:_____ Full Shade:_____ % Shade:_____	
<b>Renovation History</b>	% Renovated_____ Date of Renovation_____ Type of Renovation_____	
<b>Thatch</b>	_____ <1/2" _____ 1/2 to 1" _____ >1"	
<b>Color (5-1)</b>	Dark Green (5) Med. Green(4) Med./Light Green (3) Light Green (2) Yellow Green (1) Turf Dormant (TD)	
<b>Soil</b>	Texture: Sandy Loamy Gravelly Other: Depth: Condition:	
<b>Soil Test</b>	Yes _____ No _____ Date:_____ Action Taken:_____	
<b>Drainage Issues?</b>	Yes _____ No _____ Action Taken:_____	
<b>Compaction Issues?</b>	Yes _____ No _____ Action Taken:_____	
<b>Evidence of Wear:</b>	Overall Wear: Heavy: _____ Moderate: _____ Light: _____ Evidence of Mower Damage: Yes _____ No _____ Evidence of Pet Damage (e.g., urine): Yes _____ No _____	

### Quality Checklist

<b>Turfgrass Rating Code</b> (not to include grassy weeds)	<b>Percent turfgrass cover/turf density:</b> _____ 1=1-10%                      6=51-60% 2=11-20%                    7=61-70% 3=21-30%                    8=71-80% 4=31-40%                    9=81-90% 5=41-50%                    10=91-100% <b>Smoothness:</b> _____ 5=smooth surface with no irregularities 4=smooth surface with some irregularities 3=surface is uneven with irregularities that will moderately affect turf quality 2=surface is very uneven with irregularities and vegetative clumps that will greatly affect turf quality/appearance 1=surface is extremely uneven with holes and vegetative clumps that are hazardous	<b>Turfgrass Rating #</b> (% turf cover/density + smoothness rating) =  _____
<b>Surface Rating Code</b>	<b>Stones at the Surface</b> _____ <b>Percent Weeds</b> _____ <b>Depressions</b> _____ (Broadleaf and Grassy) 0=none                              0=1-10%                              0=none 1=few                                    1=11-20%                              1=few 2=many                                2= 21-30%                              2=moderate 3=31-40%                              3=many 4=>40%                                4=extreme	<b>Surface Rating #</b> (Stones + Weeds + Depressions) =  _____
<b>Overall Quality Rating</b>	<b>Overall quality</b> = (Percent turfgrass cover + smoothness) - (Depressions + Stones + Percent Weeds)  Excellent 12-15                      Fair 4-7                              Good 8-11                              Poor 1-3	<b>Overall Quality Rating</b> (Turf rating # - Surface Rating #)  _____

## I. Fertility/Nutrient Management

Date of Application + Location (All or part of field)	Product	Rate (1 lb/fert/1000 sq.ft)	Fert Analysis N P K (46-0-0)	Compost Analysis and App. Rate (1/4" compost@ dry weight basis is approx. 0.45yd <sup>3</sup> /1,000 sq.ft)	Biostimulant (Y/N, type)
<b>Annual Total</b>					

## II. Other-Cultural Management

<b>Mowing Practices</b>	Frequency _____ Height of Cut _____ Blade Sharpening Frequency _____ Rotary _____ Reel _____ String rimming/Weed Whacking: Yes _____ No _____ Clippings Return: Yes _____ No _____ Evidence of Mower Damage: Yes _____ No _____	<b>Comments</b>
<b>Irrigation</b>	Irrigation: Yes _____ No _____ Frequency _____ Rate _____ Water source _____ Do you have access to the irrigation time clock? Yes _____ No _____	
<b>Cultivation</b>	Type/Method _____ Time of Year _____ Frequency _____	
<b>Topdressing</b>	Frequency _____ Rate _____ Material Composition _____	
<b>Overseeding</b>	Frequency _____ Rate _____ Date _____ Mixture/Blend Formula _____ Species/Varieties _____	
<b>Leaf Mulching Practiced?</b>	Yes _____ No _____	
<b>Pollinator Habitat Practices</b>	Clover in lawn mowed before herbicide applied? Yes _____ No _____ Bee nesting structures present? Yes _____ No _____ Designated pollinator garden areas? Yes _____ No _____	

