



**Athletic Field Assessment  
Form**

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

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

**Turf Checklist**

Field Name/Location/Sport(s) \_\_\_\_\_

Comments: \_\_\_\_\_

<b>Turfgrass Species Present</b> (% of each)	Kentucky Bluegrass _____ Tall Fescue _____ Perennial Ryegrass _____ Fine Leaf Fescue _____ Other: _____	<b><u>Comment</u></b>
<b>Field Establishment</b>	Age: _____ Seed: _____ Sod: _____ Sun: _____ Shade: _____ %Shade: _____	
<b>Renovation History</b>	% Renovated _____ Date of Renovation _____ Type of Renovation _____	
<b>Thatch Accumulation</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: _____ Depth: _____ Condition: _____	

**Quality Checklist**

<b>Turf Rating Codes</b>	<p><b>Percent turf cover (turf density) _____</b></p> <p>1 &lt; 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 = &gt;90%</p> <p><b>Smoothness _____</b></p> <p>5 = smooth surface with no irregularities                  4 = smooth surface with some irregularities                  3 = surface is very uneven with irregularities that will moderately affect play                  2 = surface is very uneven with irregularities and vegetative clumps that will greatly affect play                  1 = surface is extremely uneven with holes and vegetative clumps that will greatly affect play and are hazardous</p>	<p><b>Turf Rating #</b> (% turf cover + smoothness rating) = _____</p>
<b>Surface Rating Code</b>	<p><b>Stones at the Surface _____ Percent Weeds _____ Depressions _____</b></p> <p>0 = none                      0 &lt; 10                      0 = none                  1 = few                        1 = 11-20%                1 = few                  2 = many                      2 = 21-30%                2 = moderate                     3 = 31-40%                3 = many                     4 &gt; 40%                    4 = extreme</p>	<p><b>Surface Rating #</b> (Stones + Weeds + Depressions) = _____</p>
<b>Overall Rating Code</b>	<p>Overall condition = (Percent cover + smoothness) – (Depressions + Stones + Percent Weeds)</p> <p>Excellent 15-12                  Good 11-8                  Fair 7-4                  Poor 3-1                  Unusable &lt; 1</p>	<p><b>Overall Rating Code</b> (Turf rating # - Surface Rating #)</p>
<b>Field Use</b>	<p>Wear Damage: Heavy, _____ Moderate _____ Slight _____                  Traffic events/Week                     ≥ 6 games                      5-3 games                      2 ≥ games</p> <p>Multiple Sports Usage: N _____ Y _____ Sports played _____</p>	

## 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 (1/4" compost@ dry weight basis is approx. 750#/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 Sharpen Frequency _____ Rotary _____ Reel _____ Make/Model of Equipment _____ Collection of Clippings: No _____ Yes _____ If yes why _____	<u>Comments</u>
<b>Irrigation</b>	Irrigation : Y / N Frequency _____ Rate _____ Water source _____	
<b>Cultivation</b>	Type: Hollow _____ Solid _____ Slice _____ Frequency _____	
<b>Topdressing</b>	Frequency _____ Rate _____ Material Composition _____	
<b>Overseeding</b>	Frequency _____ Rate _____ Date _____ Mixture/Blend Formula _____ Pre-Germ Y N Species _____ (Varieties, if known)	
<b>Soil Test</b>	Date: _____ Action Taken: _____	

### III. Pest Management

<b>Broadleaf Weeds</b> (% coverage /1,000sq.ft)	<input type="checkbox"/> Dandelion <input type="checkbox"/> N L Plantain <input type="checkbox"/> Broad Leaf Plantain <input type="checkbox"/> Heal-all <input type="checkbox"/> Common Chickweed	<input type="checkbox"/> Oxalis <input type="checkbox"/> Spurge <input type="checkbox"/> Knotweed <input type="checkbox"/> Ground Ivy <input type="checkbox"/> Violet	<input type="checkbox"/> M. ear chickweed <input type="checkbox"/> Clover (white) <input type="checkbox"/> Speed well	<b>Control/Trtment / Date of Action:</b>
	<input type="checkbox"/> Crabgrass <input type="checkbox"/> Poa annua <input type="checkbox"/> Quackgrass	<input type="checkbox"/> Goosegrass <input type="checkbox"/> Poa trivialis <input type="checkbox"/> Bentgrass <input type="checkbox"/> Tall Fescue	<input type="checkbox"/> Yellow Nutsedge <input type="checkbox"/> Orchardgrass <input type="checkbox"/> Other	
<b>Insects</b>	Grubs (avg. # /1,000 sq.ft ) _____ Sod webworm _____ Chinch bug _____ Grub type _____ Bl. Billbug _____ Other _____			
<b>Disease</b>	Affected Species: _____ %Area of Turf Infected _____ Disease _____			
	Affected Species: _____ %Area of Turf Infected _____ Disease _____			
	Affected Species: _____ %Area Turf Infected _____ Disease _____			

Field ID: \_\_\_\_\_

Landscape Diagram (Use Additional Sheet if Necessary)																													

Comments: