



# Maintenance Checklist

## Maintenance Visit Details

<b>Green Wall Site:</b>		<b>Time in:</b>	
<b>Date:</b>		<b>Time out:</b>	

### Every Visit

yes/no

- Pruning
- Plants cleaned
- Weeding
- Gutters/Drains Cleaned
- Inspected for disease/pests/deficiencies
- Fertilizer Checked and Refilled
- Clean Up and Waste Removal

### Moisture Check

Describe or sketch where moisture discrepancies occur on the wall

### Plant Replacements

Number of Plants Replaced:

Species Replaced:

Cause of Removal:

Replacement Timeline:

### Plant Replacement Location (Describe or sketch areas)

### Monthly visit

yes/no

Date last completed

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Irrigation run and inspected  | <input type="text"/> |
| <input type="checkbox"/> Water filter cleaned          | <input type="text"/> |
| <input type="checkbox"/> Operating water psi checked   | <input type="text"/> |
| <input type="checkbox"/> Static water pressure checked | <input type="text"/> |
| <input type="checkbox"/> Photos                        | <input type="text"/> |

### Biannual/annual visit

yes/no

Date last completed

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Controller battery changed                  | <input type="text"/> |
| <input type="checkbox"/> Water filter replaced/cleaned               | <input type="text"/> |
| <input type="checkbox"/> Preventative pest/disease control applied   | <input type="text"/> |
| <input type="checkbox"/> Winterization check (sensors, drain valves) | <input type="text"/> |

### Comments/Further notes: (Irrigation problems, Pests, State of Components, Causes of plant mortality if any)

### Receiving/Signatures

Technician Name:	<input type="text"/>	Technician Signature:	<input type="text"/>
Site Contact:	<input type="text"/>	Site Signature:	<input type="text"/>