

**EXHIBIT 1**  
QUALITY CONTROL SHEET & SITE INSPECTION FORM  
Service and Frequency Schedule

DUTIES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>Remove Debris</b>	4	4	4	4	4	4	4	4	4	4	4	4
What is the general curb appeal			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
Lawns are clean & free of litter			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
<b>Mowing</b> <b>7-day cycle during growing season of March 1st through October 31st; as needed during other months.</b>												
Grass clippings not visible			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
Lawns cut evenly			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
<b>Edging</b>			4	4	4	4	4	4	4			
Lawns are edged			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
<b>Trimming</b>			4	4	4	4	4	4	4	4	4	4
Lawns are weed-whacked in areas lawn mower could not reach			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
<b>Pruning &amp; Shearing</b>			4	4	4	4	4	4	4	4	4	4
Shrubbery trimmed neatly			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
Low-hanging limbs on trees trimmed			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
<b>Clean Walks/Curbs</b>			4	4	4	4	4	4	4	4	4	4
Curbs cleared of grass/weeds			( )Excellent		( )Good	( )Fair	( )Poor	( )N/A				
<b>Fertilization &amp; Emerge</b>		<b>Mid January</b>				<b>Mid June</b>				<b>Mid September</b>		
<b>Leaf Removal</b>			<b>Will begin with the first deposit of leaves in early Fall it will become part of 8 cycle.</b>									
<b>Lawn &amp; Bed Inspector</b>		4	4	4	4	4	4	4	4	4	4	4
<b>Hard Surface Weed Control.</b>		<b>At least once per month during mowing season starting Mid March.</b>										
Fence row maintained		( )Excellent	( )Good	( )Fair	( )Poor	( )N/A						
<b>Site Inspection &amp; Repa</b>		4	4	4	4	4	4	4	4	4	4	4

NOTE: THE ABOVE FREQUENCIES MAY VARY DUE TO CLIMATIC CONDITIONS

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IMPROVEMENT IS NEEDED IN THE FOLLOWING AREAS:


Date Services were performed \_\_\_\_\_

How soon did management inspect the respective lawn(s) \_\_\_\_\_

Same Day \_\_\_\_\_ Next Day \_\_\_\_\_ Other Date \_\_\_\_\_

Property Manager or Designee \_\_\_\_\_

*Signature*

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Name of Contractor: \_\_\_\_\_

Reviewed by Contractor: \_\_\_\_\_

*Signature*

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Provide detail for overall performance ratings of excellent, poor, or not applicable:


Director of Housing Operations or Designee completed a Site Inspection on \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ am/pm