

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?

Pest	Location	Recommended action

Requested supplies: _____

Required Follow-up	Responsible entity	Date Completed

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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Nozzle Type _____ Nozzle Height _____ Nozzle Spacing _____

Boom Width _____ Gallon per Acre (GPA) _____ Spray Pressure (PSI) _____

OTHER COMMENTS:

Signature: _____

Date: _____