



# Site Inspection Form

SITE: \_\_\_\_\_

DATE: \_\_\_\_\_

FLS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

JOB QUALITY					WORKER QUALITY				
Site looks good	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Professional Appearance	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Customer Happy	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Performing job safely	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Safe Conditions	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Wearing appropriate PPE	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
On Schedule	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Knowledge of scope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Parade Route Good	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Meet/Exceed Expectations	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Notes:					Notes:				

SITE QUALITY									
Administrative Areas/Fine Cut Areas					Field Mowing/Levees/Outlying Areas				
Site looks good	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Professional Appearance	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Customer Happy	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Performing job safely	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Safe Conditions	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Wearing appropriate PPE	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
On Schedule	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Knowledge of scope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Parade Route Good	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Meet/Exceed Expectations	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Notes:					Notes:				
Bareground Spraying					BR / PGR / Admin Spraying				
Unit Areas	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Levees sprayed / in compliance	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Tank Farms	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	PGR done in outlying areas	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Laydown Areas	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Mowing obstacles sprayed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
RR / Substations	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Trees have been ringed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fence Lines	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Ditches sprayed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Under Pipe Racks	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Bed treated / Cracks / Trim	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Notes:					Notes:				

**OVERALL SCORE:**

**NOTES/COMMENTS**

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_