



Maintenance Checklist

Maintenance Visit Details

Green Wall Site:

Time in:

Date:

Time out:

Every Visit

yes/no

Moisture Check

Describe or sketch where moisture discrepancies occur on the wall

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

Plant Replacements

Plant Replacement Location (Describe or sketch areas)

Number of Plants Replaced: _____

Species Replaced: _____

Cause of Removal: _____

Replacement Timeline: _____

Monthly visit

yes/no

Date last completed

Biannual/annual visit

yes/no

Date last completed

- ☐ Irrigation run and inspected _____
- ☐ Water filter cleaned _____
- ☐ Operating water psi checked _____
- ☐ Static water pressure checked _____
- ☐ Photos _____

- ☐ Controller battery changed _____
- ☐ Water filter replaced/cleaned _____
- ☐ Preventative pest/disease control applied _____
- ☐ Winterization check (sensors, drain valves) _____

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

Receiving/Signatures

Technician Name:

Technician Signature:

Site Contact:

Site Signature:

Email this checklist to reports@gsky.com or fax to 1-888-508-8005

Have any questions or comments? Call us at GSKY Plant Systems: 1 888 708 - GSKY (4759)