

Arboretum Inspection Form

Applicant		
Arboretum Name:		
Arboretum Level:	Total # of Trees:	
Address:	City:	Zip:
Contact Person:	Phone:	Email:
Checklist		
Did a local expert help ID trees/edit list?	Expert's Name:	
Was a map provided? (Required for Levels 2-4)?	Are all trees labeled?	
Do labels include scientific/common names?	Are trees in good health?	
Are trees properly maintained?	Are there any unsafe trees?	
Are trees protected from lawn/grounds maintenance?	Are trees mulched properly (if used)?	
Are newly planted trees regularly watered?	Is location accessible to the public?	
Recommended Comments: Examples of educational opportunities &/or organizations that utilize this space; unique observations; recommendations.		
Inspector		
Approved: Yes <input type="radio"/> No <input type="radio"/>	Reason for Disapproval:	
Name:	Date:	
Signature:		