

Saratoga Tree Service

Tree Trimming Grade Sheet

Date _____

Job _____

Name of Climber _____ Crew _____

Location of Tree _____

Type of Tree _____

Style of Trim _____

Size of Tree

Small _____ Medium _____ Large _____ Huge _____

FAULTS:

(Up to 5 Check Marks For Each Category)

Blank Indicates No Problem In That Area.

Stubs _____

Rips _____

Chainsaw Nicks _____

Handsaw Nicks _____

Deadwood Left _____

Hangers Left _____

Used Spurs _____

Poor Shaping Job _____

Cuts Made Too Close _____

Lion-Tailed _____

Obvious Structural Defect Ignored _____

Heavy End Weight _____

Other _____

FINAL:

(Check only those categories that apply)

Poor Clean-up _____ Brush Left In Other Yard _____

Brush Left In Other Shrubs Or Trees _____ Blowing Off _____

Broken Sprinkler _____

Broken Plants Or Trees _____

Trampled Groundcover/Flowers _____

Broken Fence _____

Dents In Asphalt _____

Oil Or Gas Spill _____

House Or Fences Scratched By Brush _____

Customer Complaint _____

Other _____

Trimming Grade _____ Clean-up Grade _____ Overall Grade _____

By _____