



A Clean Field – Looks Better, Plays Better, Lasts Longer!

Contact Information

Contact Name: _____ Phone #: _____

Field Name: _____

Field Address: _____
Street Address

City

State

Zip Code

Service Information

Technicians: _____ Service Type: _____

Date: _____ Time of Arrival: _____ Time of Departure: _____

Field Inspection

Inspection of:

- | | | |
|-------------------------------------|---|---|
| ☐ All Seams | ☐ Five Yard Lines | ☐ Visual Fiber Wear Analysis |
| ☐ Hash Marks | ☐ Perimeter Lines | ☐ Edge Detail/Transition |
| ☐ Numbers | ☐ Sideline Areas | ☐ Monitor High Use Areas |
| ☐ Arrows | ☐ Secondary Sport Lines | ☐ Endzone Lettering |
| ☐ Logos | ☐ Goal Crease Areas, Penalty Kicks, Corner | |

Overall Field Analysis:

Maintenance Services Provided

- | | | |
|--|--|---|
| ☐ Power Brushing | ☐ General Field Sweeping | ☐ Gmax Test |
| ☐ Vacuum Clean | ☐ Surface Decompaction | ☐ Top Dressing |
| ☐ Magnet Sweep | ☐ Tier 2 Decompaction | ☐ Anti-Microbial Spray |
| ☐ Static Brushing | ☐ Refill Infill in High Traffic Areas | ☐ Anti-Static Spray |

Post-Maintenance Notes

of Repairs: _____ Approx. linear feet of repairs: _____ Pictures Submitted: ☐ Yes ☐ No

Follow-up for Repairs Needed: ☐ Yes ☐ No Repairs reviewed with customer: ☐ Yes ☐ No

Notes:

Infill Measurements

Location: 1 2 3 4 5 6 7 8 9 10 Average

Infill Depth:

Report Submitted By: _____ Date: _____