

**Cemetery
Management
Assessment Form**

Date: _____

Evaluator: _____

Location/Section: _____

Turf Checklist

Turfgrass Species Present (% of each)	Kentucky Bluegrass_____ Tall Fescue_____ Perennial Ryegrass_____	Comment
	Fine Leaf Fescue_____ Other: _____	
Turfgrass Info	Age:_____ Seed:_____ Sod:_____ Area of High Visibility? Yes _____ No _____ Full Sun:_____ Full Shade:_____ % Shade:_____	
Renovation History	% Renovated_____ Date of Renovation_____ Type of Renovation_____	
Thatch	_____ <1/2" _____ 1/2 to 1" _____ >1"	
Color (5-1)	Dark Green (5) Med. Green(4) Med./Light Green (3) Light Green (2) Yellow Green (1) Turf Dormant (TD)	
Soil	Texture: Sandy Loamy Gravelly Other: _____ Depth: _____ Condition: _____	
Soil Test	Yes _____ No _____ Date:_____ Action Taken:_____	
Drainage Issues?	Yes _____ No _____ Action Taken:_____	
Compaction Issues?	Yes _____ No _____ Action Taken:_____ Do trees impact turf health? Yes _____ No _____ Impacts: Compaction _____ Shade _____ Action Taken:_____	
Evidence of Wear:	Overall Wear: Heavy: _____ Moderate: _____ Light: _____ Evidence of Mower Damage: Yes _____ No _____ Evidence of Animal Damage: Yes _____ No _____	

Quality Checklist

Turfgrass Rating (not to include grassy weeds)	Percent turfgrass cover/turfgrass density: _____ 1=1-10% 6=51-60% 2=11-20% 7=61-70% 3=21-30% 8=71-80% 4=31-40% 9=81-90% 5=41-50% 10=91-100% Smoothness_____ 5=smooth surface with no irregularities 4=smooth surface with some irregularities 3=surface is uneven with irregularities that will moderately affect turf quality 2=surface is very uneven with irregularities and vegetative clumps that will greatly affect turf quality/appearance 1=surface is extremely uneven with holes and vegetative clumps that impact appearance and are hazardous			Turfgrass Rating # (% turf cover/density + smoothness rating) = _____
Surface Rating	Stones at the Surface_____ 0=none 1=few 2=many	Percent Weeds_____ (Broadleaf and Grassy) 0=1-10% 1=11-20% 2= 21-30% 3=31-40% 4=>40%	Depressions_____ 0=none 1=few 2=moderate 3=many 4=extreme	Surface Rating # (Stones + Weeds + Depressions) = _____
Overall Quality Rating	Overall condition = (Percent turfgrass cover + smoothness) – (Depressions + Stones + Percent Weeds) Excellent 12-15 Fair 4-7 Good 8-11 Poor 1-3			Overall Quality Rating (Turf rating # - Surface Rating #) _____

I. Fertility/Nutrient Management

Date of Application/Location All or part of field	Product	Rate (1 lb/fert/ 1000 sq.ft)	Fert Analysis N P K (46-0-0)	Compost Analysis and App. Rate (1/4" compost@ dry weight basis is approx. 0.45yd ³ /1,000 sq.ft)
Annual Total				

II. Other-Cultural Management

Mowing Practices	Frequency:_____ Rotary:_____ Reel:_____ Height of Cut:_____ Blade Sharpen Frequency:_____ String Trim/Weed whacking around headstones: Yes_____ No _____ Clippings Return: Yes_____ No _____ Evidence of Mower Damage: Yes _____ No _____	Comments
Irrigation	Irrigation? Yes_____ No _____ Sensors? Yes_____ No _____ Supplemental Irrigation? Yes_____ No _____ Frequency_____Rate_____Water source_____ N/A_____	
Cultivation	Type/Method (hollow tine/solid tine): _____ N/A _____ Time of Year _____ Frequency/yr.: 0-1/yr: _____ 2/yr: _____ 3+/yr: _____ N/A: _____	
Topdressing	Frequency:_____ Rate:_____ N/A _____ Material Composition:_____	
Overseeding (general - excluding new graves)	Frequency/yr.: _____ Rate/yr.:_____ Date:_____ Mixture/Blend Formula:_____ Species/Varieties:_____	
Overseeding (new seeding)	Frequency/yr.: _____ Rate/yr.:_____ Date:_____ Mixture/Blend Formula:_____ Species/Varieties:_____	
Leaf Mulching Practiced?	Yes _____ No _____	
Pollinator Habitat Practices	Clover in lawn mowed before herbicide applied? Yes _____ No _____ Bee nesting structures present? Yes _____ No _____ Designated pollinator garden areas? Yes _____ No _____	

III. Pest Management

Broadleaf Weeds (% coverage /1,000 sq.ft)	____ Broad Leaf Plantain ____ Clover (white) ____ Common Chickweed ____ Dandelion ____ Ground Ivy	____ Heal-all ____ Knotweed ____ Mouse ear chickweed ____ Narrow Leaf Plantain ____ Oxalis	____ Speedwell ____ Spurge ____ Violet	Control/Treatment/ Date of Action:
Grassy Weeds (% coverage/1,000 sq.ft)	____ Bentgrass ____ Crabgrass ____ Goosegrass ____ Orchardgrass	____ <i>Poa annua</i> ____ <i>Poa trivialis</i> ____ Quackgrass ____ Stiltgrass	____ Tall Fescue ____ Yellow Nutsedge ____ Zoysiagrass ____ Other	
Insects	Evidence of Past Insect Activity? Yes ____ No ____ Grubs (avg. # /1,000 sq. ft) ____ Sod webworm ____ Chinch bug ____ Grub type ____ Bluegrass Billbug ____ Other ____ N/A ____			
Disease	Evidence of Past Disease? Yes ____ No ____ Disease ____ Affected Species: ____ % Area of Turf Infected ____			
	Affected Species: ____ % Area of Turf Infected ____ Disease ____			
Other Pest Concerns:	Moles ____ Jumping Worms ____ Geese/Turkeys ____ Voles ____ Moss/Algae ____ Other ____			

Cemetery Section ID: _____

Landscape Diagram (Use Additional Sheet if Necessary)

Comments/General Observations (e.g., hardscape, water feature, tick management, specimen tree removal/alterations to landscape):

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