

Daily Activity – Salt & Sanding Log

School Division/District: _____

Name of School/Facility: _____

Date: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.

Weather Conditions:

Temperature: _____ Celsius

Check one:

- Clear
- Rain
- Freezing Rain
- Snow – Indicate accumulation _____ cm
- Other – Indicate _____

Location(s) Checked:

- | | |
|---------------------------------------|--------------------|
| <input type="checkbox"/> Sidewalks | All _____ Or _____ |
| <input type="checkbox"/> Walkways | All _____ Or _____ |
| <input type="checkbox"/> Driveways | All _____ Or _____ |
| <input type="checkbox"/> Parking Lots | All _____ Or _____ |
| <input type="checkbox"/> Entrances | All _____ Or _____ |
| <input type="checkbox"/> Steps | All _____ Or _____ |
| <input type="checkbox"/> Perimeter | All _____ Or _____ |

Action Taken:

- None Required
- Snow Removal Indicate areas: _____
- Ice Removal _____

Applications:

- Sand Indicate areas: _____
- Salt Indicate areas: _____
- Salt/Sand Indicate areas: _____
- Ice Melter Indicate areas: _____

Comments: _____

Completed by: Custodian Contractor

Completed by (print name): _____

Signature

Date