

Daily Activity – Salt & Sanding Log

Name of Business: _____

Location of Business: _____

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:

- Sidewalks All _____ Or _____
- Walkways All _____ Or _____
- Driveways All _____ Or _____
- Parking Lots All _____ Or _____
- Entrances All _____ Or _____
- Steps All _____ Or _____
- Perimeter All _____ Or _____

Action Taken:

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

Applications:

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

Comments: _____

Completed by: Custodian Contractor

Name (printed): _____

Signature: _____ Date: _____