

Daily Activity – Salt & Sanding Log

Municipality/Town: _____

Facility Address: _____

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

Weather Conditions: _____

Temperature: _____

Check one:

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

Location(s) Checked:

- Sidewalks
- Walkways
- Driveways
- Entrances
- Steps
- Perimeter
- Parking Lots

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: Employee Contractor

Name (printed): _____

Signature: _____ Date: _____