Snow and Ice Removal Log

Facility Name:	**Storm Date(s):**	**Duration of Event:** **Amount of Precipitation for Event:**
Winter Event Type: Snow Sleet Freezing Rain Ice Other:	**Clean Up Start Time:** **Outside Temp. at Start Time:**	**Clean Up End Time:** **Outside Temp. at End Time:**

Locations/Areas Serviced	**Additional Information/Comments** (i.e. change of conditions while servicing)	**Date Complete**	**Time Complete**	**Action Taken (indicate below)**				**Initials**
				Plow	**Clear**	**Salt**	**Other:** ________	