SNOW AND ICE REMOVAL LOG

AMERICAN FAMILY INSURANCE®

For the month of:_____ Property (Name):_____

Manager signature:_____ Person completing log:_____

Date (Month, Day, Year)	Time Started (Precise)	Time Completed (Precise)	Weather Conditions Prior to and During Snow Removal		Snow Removal - Premises Location		Type of Work Performed (Shovel / Salting)	Person or Crew (List Names)	* General Comments
			Prior	During	Street Address	Area snow removed from			

Chart should be completed the days after snowfall until all snow is melted.

* Comments should focus on condition of premises after snow removal, accidents or unusual circumstances.