

SNOW AND ICE REMOVAL LOG

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.

For more information about American Family's Safety Consulting Services, contact your local agent.

DISCLAIMER

The loss control services listed above follow generally accepted safety standards. Compliance does not guarantee that you will be in conformance with any building code, or federal, state, or local regulations regarding safety or fire. Compliance does not ensure the absolute safety of your operations or place of business.



SAFETY CONSULTING LOWERING RISK, FOCUSED ON THE BOTTOM LINE.