



Daily Activity – Salt & Sanding Log

Name 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:

- | | | |
|---------------------------------------|-----------|----------|
| <input type="checkbox"/> Sidewalks | All _____ | Or _____ |
| <input type="checkbox"/> Walkways | All _____ | Or _____ |
| <input type="checkbox"/> Driveways | All _____ | Or _____ |
| <input type="checkbox"/> Parking Lots | All _____ | Or _____ |
| <input type="checkbox"/> Entrances | All _____ | Or _____ |
| <input type="checkbox"/> Steps | All _____ | Or _____ |
| <input type="checkbox"/> 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: _____