

DAILY ACTIVITY - Salt & Sanding Log Sheets

Name of School/Facility: _____

Date: _____ From: _____ AM/PM To: _____ AM/PM

Weather Conditions:

Temperature - _____ Celsius

Check one:

Clear

Rain

Freezing Rain

Snow - Indicate accumulation - _____ cm

Other - Indicate: _____

Location(s) checked:

Sidewalks All OR _____

Walkways All OR _____

Driveways All OR _____

Parking Lots All OR _____

Entrances All OR _____

Steps All OR _____

Perimeter All OR _____

Roof All OR _____

Action Taken:

None Required

Snow Removal By Custodian or Name of Contractor: _____

Ice Removal Indicate areas: _____

Applications:

Sand Indicate areas: _____ Amount _____
Amount _____

Salt Indicate areas: _____ Amount _____
Amount _____

Salt/Sand Indicate areas: _____ Amount _____
Amount _____

Ice Melter Indicate areas: _____ Amount _____
Amount _____

Equipment Used: _____

Custodian Name: _____

Other Comments: