

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: