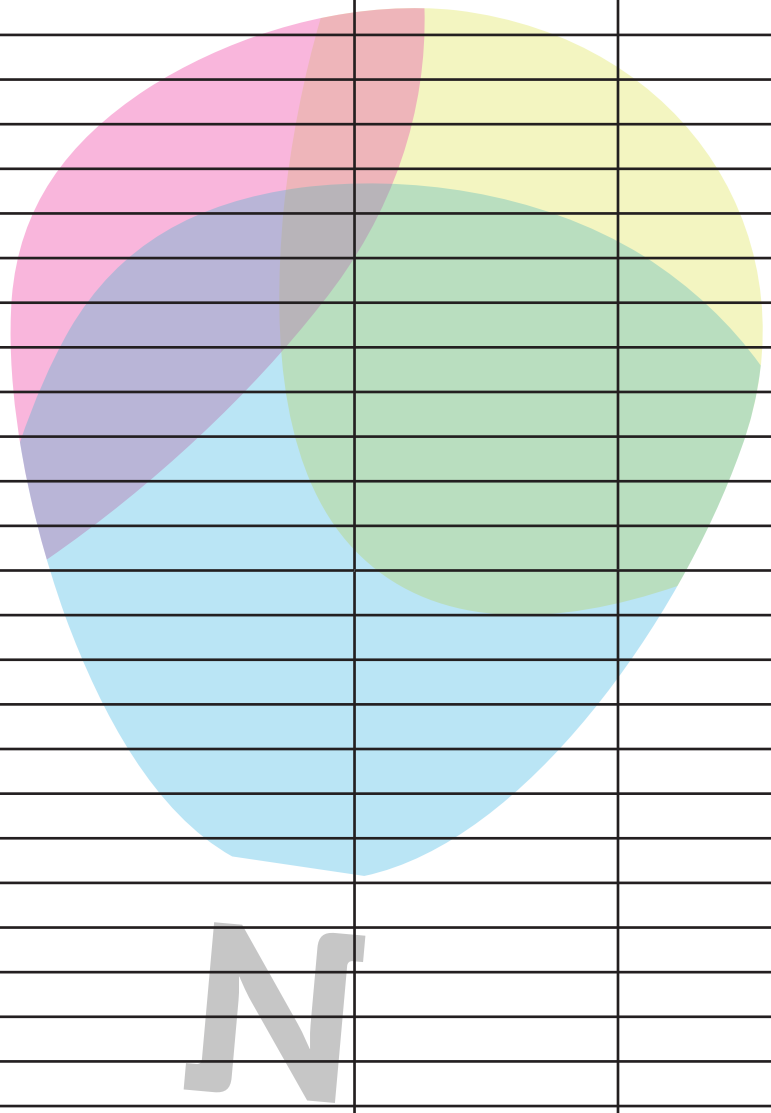
Snow Removal Log

School/Site Name: _____ Contractor/Employee Name: _____

Entrance/Exit Name or Door Number/Sidewalks	What application was completed? Snow removal, Ice Removal, Ice Melt Application.	Date Cleaned	Time Cleaned	Applicators Initial	Initial of school /site staff member



Submit a copy to Deanna Harapchuk at the end of the month c/o Maintenance Shop