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 Cheryl Lovich the first of each month c/o Maintenance Shop