Location: Name: Date: Time In: Time Out:

Weather Conditions: Temperature: Precipitation:  Snow  Sleet  Rain  Freezing Rain Snow Depth at Start:

Ice accumulation at Start? Describe Wind:

# Working Area

 Plowing  Slow Blower  De-icing  Sand

 Anti-Icing  Sweeping  Snow Removal  Other

# Working Area unworked, and why:

Equipment and people doing Treatment: Note and comments ALL unusual conditions:

Name and title of owner, owner’s representative(s), and what notification or communication provided:

Describe any communication with residents, tenants, or others:

Reinspections for black ice, melting/refreezing, windblown drifts, vehicles or obstructions removed\*: