

SAMPLE SNOW REMOVAL LOG

For the month of _____

Property: _____ Resident Manager: _____ Date reviewed by resident mgr.: _____ Signature of resident mgr.: _____ Supervisor completing log: _____

Date (DD/MM/YY)	Time started (Be precise)	Time completed (Be precise)	Weather conditions prior to and during snow removal		Snow removal — Premises location		Type of work performed	Person or crew (List names)	General comments*
			Prior	During	Street address	Area of complex			

Chart should be completed the day of and days after snow, until all is melted.

* Comments should focus on condition of premises after snow removal, complaints from residents, accidents, unusual circumstances, etc.