

SNOW REMOVAL LOG

For the month of _____

Property: _____ Resident Manager: _____
 (Name of Complex)

Date Reviewed By Resident Mgr.: _____

Signature of Resident Mgr.: _____

Supervisor Completing Log: _____

Date (Day, Month, Year)	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 days after snow, until all is melted.

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

