

Checklist For Winter Inspection Log

INSPECTION CHECKLIST		AFTER COMPLETING YOUR INSPECTION, TRANSFER YOUR CONCERNS/OBSERVATIONS TO THIS AREA	
Date of Inspection:	Inspector:	Facility:	Name:
Location/Address:		Staff Contact:	Telephone Number:
Weather Condition:		Date Inspected:	Time:

WINTER INSPECTION LOG	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Parking Lot Conditions					
Bare					
Wet					
Snow Covered					
Icy					
Slushy					
Parking Lot Actions Required					
Shovelling					
Ice Treatment					
Anti-icing					
Parking Lot Actions Taken					
Called Contractor					
Time: _____					
Called Employee					
Time: _____					
Name of Employee (First Name, Last Name): _____					
Walkways Conditions					
Bare					
Wet					
Snow Covered					
Icy					

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WINTER INSPECTION LOG	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Slushy					
Walkways Actions Required					
Shovelling					
Ice Treatment					
Anti-icing					
Walkway Actions Taken					
Called Contractor					
Time: _____					
Called Employee					
Time: _____					
Name of Employee (First Name, Last Name): _____					
Stairs Conditions					
Bare					
Wet					
Snow Covered					
Icy					
Slushy					
Stairs Action Required					
Shovelling					
Ice Treatment					
Anti-icing					
Stairs Actions Taken					
Called Contractor					
Time: _____					

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Called Employee					
Time: _____					
Name of Employee (First Name, Last Name): _____					
Ramps Conditions					
Bare					
Wet					
Snow Covered					
Icy					
Slushy					
Ramps Actions Required					
Shovelling					
Ice Treatment					
Anti-icing					
Ramps Actions Taken					
Called Contractor					
Time: _____					
Called Employee					
Time: _____					
Name of Employee (First Name, Last Name): _____					
Loading Docks Conditions					
Bare					
Wet					
Snow Covered					
Icy					

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WINTER INSPECTION LOG	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Slushy					
Loading Docks Actions Required					
Shovelling					
Ice Treatment					
Anti-icing					
Loading Docks Actions Taken					
Called Contractor					
Time: _____					
Called Employee					
Time: _____					
Name of Employee (First Name, Last Name): _____					
Downspouts Conditions					
Water Ponding					
Downspouts Actions Required					
Downspouts Actions Taken					
Called Contractor					
Time: _____					
Called Employee					
Time: _____					
Name of Employee (First Name, Last Name): _____					

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