

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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WINTER INSPECTION LOG	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
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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