SNOW REMOVAL LOG

MACKOUL®
RISK SOLUTIONS
INSURANCE

For the month of: _____ Property: _____

Date Reviewed: _____ **Signature of Manager:** _____

Date (Day, Month, Year)	Time Started (Be Precise)	Time Completed (Be Precise)	Weather Conditions Prior to Snow Removal	Weather Conditions During Snow Removal	Type of Work Performed	Person or Crew (List Names)	Snow Removal Premises Location	General Comments