INSPECTION CHEC	KLIST	AFTER COMPLETING YOUR I	NSPECTION, TRANSFER YOUR CONCERNS/OE TO THIS AREA	SERVATIONS
Date of Inspection: Inspector:				
Location/Address:		Facility:	Name:	
Weather Condition:		Staff Contact:	Telephone Number:	
		Date Inspected:	Time:	
WINTER MAINTENANCE	Y N CONCE	RNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Parking Lot Conditions				
Bare				
Wet				
Snow Covered				
lcy				
Slushy				
Parking Lot Maintenance				
Shovelled				
Ice Removal				
Salt				
Amount:				
Sand				
Amount:				
Salt/Sand				
Amount:				
Anti-icing				
Amount:				
Material:				
Walkways Conditions				
Bare				
Wet				



WINTER MAINTENANCE	Y	Ν	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Snow Covered					
lcy					
Slushy					
Walkways Maintenance					
Shovelled					
Ice Removal					
Salt					
Amount:					
Sand					
Amount:					
Salt/Sand					
Amount:					
Anti-icing					
Amount:					
Material:					
Stairs Conditions					
Bare					
Wet					
Snow Covered					
lcy					
Slushy					
Stairs Maintenance					
Shovelled					
Ice Removal					



WINTER MAINTENANCE	Y	Ν	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Salt					
Amount:					
Sand					
Amount:					
Salt/Sand					
Amount:					
Anti-icing					
Amount:					
Material:					
Ramps Conditions					
Bare					
Wet					
Snow Covered					
lcy					
Slushy					
Ramps Maintenance					
Shovelled					
Ice Removal					
Salt					
Amount:					
Sand					
Amount:					
Salt/Sand					
Amount:					

WINTER MAINTENANCE	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Anti-icing					
Amount:					
Material:					
Amount:					
Loading Docks Conditions					
Bare					
Wet					
Snow Covered					
lcy					
Slushy					
Loading Docks Maintenance					
Shovelled					
Ice Removal					
Salt					
Amount:					
Sand					
Amount:					
Salt/Sand					
Amount:					
Anti-icing					
Amount:					
Material:					
Downspouts Conditions					
Water Pending					

Water Ponding

intact public entities

WINTER MAINTENANCE	Y	Ν	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Downspouts Maintenance					
Shovelled					
Ice Removal					
Salt					
Amount:					
Sand					
Amount:					
Salt/Sand					
Amount:					
Anti-icing					
Amount:					
Material:					

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