EMC INSURANCE

SNOW AND ICE REMOVAL DOCUMENTATION CHECKLIST

Location _____

DATE	TIME	Shovel	Plow	Sand	Salt	Sweep	COMMENTS	INITIALS
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
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		☐	☐	☐	☐	☐		

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CLEAR FORM