

RISK SERVICES

SLIP & FALL DAILY LOG

Date: _____

Weather conditions

Temperature

Low: _____

High: _____

Snow

Start time: _____

End time: _____

Accumulation: _____

Comments

Wind speed

- Mild
- Strong
- Gusts

Rain

Start time: _____

End time: _____

Accumulation: _____

Check off each box when action is performed or area is inspected.

Time	Interior						Exterior						Comments	Initials	
	Floors			Inside			Entrance			Outside					
	Sweep	Mop	Caution signs	Clutter	Lighting	Restroom	Ice/snow	Mats	Sand/salt	Sidewalk	Parking Lot	Lighting			
Please mark the time of each safety check.														Note any required safety actions here.	
12: AM															
1: AM															
2: AM															
3: AM															
4: AM															
5: AM															
6: AM															
7: AM															
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11: PM															

For more information on making your business safer, contact our Risk Services team at **1.833.692.4111** or visit us at **www.northbridgeinsurance.ca**.