

Risk Insights Slip & Fall Daily Log

Advice for you and your business

Date: _____

Weather Conditions

Temperature:	Snow:	Comments:
Low: _____	Start time: _____	_____
High: _____	End time: _____	_____
	Accumulation: _____	_____
Wind speed:	Rain:	_____
<input type="checkbox"/> Mild	Start time: _____	_____
<input type="checkbox"/> Strong	End time: _____	_____
<input type="checkbox"/> Gusts	Accumulation: _____	_____

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

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