



<b>Full Names Required</b>	Date: _____	<b>Start</b>	<b>Stop</b>	<b>Lunch in Minutes</b>	<b>Total Hours</b>
	Truck DOT #:	3:00 AM	6:00 AM	30.00	2:30
	Crew Leader:				0:00
	Name: _____				0:00
	Name: _____				0:00
	Name : _____				0:00
Total Hours:					2:30

Property Name:	Depth:	Start:	Stop:	Hours	# Men	Total Hours				
Storm Condition Notes:		AM/PM	AM/PM	Pick-up plow		0				
				ATV Plow (Rubber)		0				
				Bobcat 8'0" Bucket		0				
				Broom		0				
				Blower (Air)		0				
				Snow Blower		0				
				Bobcat & Pusher		0				
				Dump Truck		0				
				Spreader & Melt		0				
				Hand Shovel		0				
				Site Inspection		0				
				Total Hours:						0
				<b>Outside Temp:</b>				De-Icer (lbs)		0
<b>Service Performed:</b>				Ice Melt (lbs)		0				
Full	Partial	Low	Clear	Total (lbs/men):			0			
		High	Cloudy	Liquid Mag Chloride (bags)		0				
		Medium		Total Hours (bags/men):			0			