

Slip/Fall Ice Prevention Lot Inspection Report



Date: _____

Performed By: _____

	Circle One	Comments
Are walkways and entrances free and clear of snow and ice?	YES or NO	
Is the lot adequately plowed?	YES or NO	
Are icy/slippery spots on the lot sanded?	YES or NO	
Has the snow and ice been removed in between parked cars?	YES or NO	
Is sand/ice melt available near entrances to treat slippery spots?	YES or NO	
Are there places where roof run-off is freezing and creating a hazard?	YES or NO	
Is proper footwear being worn?	YES or NO	
Is there adequate lighting in the parking lot/entrance walkways?	YES or NO	
Are there any other problem areas?	YES or NO	

Other Comments:

Report Left With: _____

Title: _____