

Post-Storm Snow and Ice Removal Assessment

Date: [Insert Date]

Property Address: [Insert Property Address]

Inspection Performed By: [Insert Name/Company]

Dear [Recipient Name/Property Owner],

Following the recent winter storm event on [Date of Storm], an assessment of the property has been conducted to ensure safety and compliance with local ordinances regarding snow and ice removal.

1. Site Conditions

[Insert brief description of accumulation levels and ice formation]

2. Areas Inspected

- Primary Sidewalks and Public Walkways
- Building Entrances and Egress Points
- Parking Lot and Driveway Areas
- Handicap Accessible Ramps and Spaces
- Emergency Fire Lanes and Hydrants

3. Assessment Findings

Current Status: [Cleared / Partially Cleared / Action Required]

Observations: [e.g., Black ice detected in shadows, snow piles blocking sightlines, or all areas clear and salted.]

4. Required Actions

[Insert specific tasks needed, such as: Apply additional de-icer, clear secondary exit, or no further action required at this time.]

Please address any "Action Required" items immediately to prevent slip-and-fall accidents and ensure emergency access to the premises.

Sincerely,

[Your Name]

[Your Title]

[Your Phone Number]