Presented by Bitner Henry Insurance Group

**Date:** **Review conducted by:**

Owners and managers of commercial property have an obligation to maintain safe conditions for employees and occupants. During the winter season, walkways, stairs, driveways, interior roadways and parking lots become slip and trip hazards as snow falls and ice forms. This is not only a safety hazard, it can also be an expensive legal issue for property owners, if an accident occurs.

To prevent injuries and minimize injury costs, commercial property owners should consider implementing a snow removal program using the checklist provided. The program should identify responsibilities, communication strategies, equipment used and follow-up procedures for snow removal. In addition, all of your actions (or the actions of a hired snow removal contractor) should be outlined in a snow and ice removal log. Periodically, review your program to ensure that it is successfully working for your property and is minimizing the rate of injuries.

|  |  |  |  |
| --- | --- | --- | --- |
| PRE-SEASON PROCEDURES | YES | NO | COMMENTS |
| Do employees exchange money with the public? |[ ] [ ]   |
| Establish a plan for how you will remove snow and ice and who will do so. Also identify when removal will take place in correspondence with when the snow falls (example: middle of the night snow fall—clean up by 5 a.m.). |[ ] [ ]   |
| Place weather mats at all entrances to the building for a distance of 40 feet. These mats should be placed in both directions to catch snow and water when entering and exiting.  |[ ] [ ]   |
| Periodically check weather mats to make sure they are in solid working condition and have not started to curl (this presents additional tripping hazards). |[ ] [ ]   |
| Send out a newsletter, flyer or post a notice on a communal bulletin board asking residents, employees and visitors to report snow and ice-related hazards immediately to the property manager. |[ ] [ ]   |
| Consider hiring a snow removal contractor. Investigate the quality of the contractor’s work, timeliness of work during a storm, equipment adequacy, experience, references and the ability to work with your property’s unique needs. |[ ] [ ]   |
| Create a contract for use with your hired contractor. Sign the contract before snow season and have the contractor sign it as well. Include the following within the contract: * Contractor agrees to provide high quality services for you on your premises
* Contractor adheres to safe working practices as established by industry standards
* Contractor maintains general liability insurance with a minimum of $1 million (provides certificate of insurance to you as well)
* Contractor names you as an additional insured on the policy
* Contractor should be held responsible if there are claims following actions, inactions or work done. Contractor waives subrogation rights as well.
 |[ ] [ ]   |
| Report snow and ice removal activities on a snow and ice removal log as soon as the tasks are complete (see attached log). The log will assist you in defending against injury and property claims. They are also handy for maintaining a standard procedure if you have multiple properties. Use the same log for your own staff members and hired outside contractors.  |[ ] [ ]   |
| Fill out an incident report form (see attached) and report the incident to Bitner Henry Insurance Group immediately. This will assist in determining exactly what occurred and will help when filing a claim. A log is also a useful resource for improving snow removal procedures in the future. |[ ] [ ]   |
| Photograph the incident scene. Capture the exact area where the accident occurred (step, concrete slab, etc.) and the areas near the spot of the accident. Take close-up photographs (within a one- to three-foot range) as well as distance shots to capture the entire scene. |[ ] [ ]   |

**Snow and Ice Removal Log**

Property Name:

Property Location:

Year:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | BUILDING NAME/NUMBER | TIME OF REMOVAL | SUPPLIES USED | SIDEWALKS | STAIRWAYS/STEPS | WALKWAYS | PARKING AREAS | ROOF | STAFF INITIALS | COMMENTS |
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**Incident Report**

**Property Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Injured:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injured Person’s Contact Information:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Incident:** \_\_\_\_\_\_\_\_\_\_\_ **Time of Incident:** \_\_\_\_\_\_\_\_\_\_\_

**Description of Weather Conditions:**

**Location of Incident:**

**Description of Incident:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Damage and/or Personal Injury Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First-aid Measures Taken (If Applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Medical Attention Utilized:** Yes \_\_\_ No \_\_\_

**Hospitalization/Ambulance Utilized:** Yes \_\_\_ No \_\_\_

**Photographs Taken?** Yes \_\_\_ No \_\_\_

**Witnesses:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Reported By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_**

(signature of party)

**Incident Reported To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_**

(print name)

**Incident Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_**

(print name)