|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01570 (06/2015) | | | | | **STATE OF WISCONSIN**  Bureau of Environmental and Occupational Health | | |
|  | | |  | | | | |
| **ICE ARENA EQUIPMENT MAINTENANCE LOG** | | | | | | | |
|  | | | | |  | | |
|  | | | | | | | |
|  | | | | |  | | |
| **Date** | **Time**  **(AM / PM)** | **Equipment Serviced** | | **Activity Performed** | | **Comments** | **Print Name of Person**  **Conducting Maintenance** |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  |  |