



Operation Name: _____

Site Name(s): _____

Indicate that each task is completed with a date and/or initials.

2026

	Week	Alarm Systems Test	Mortality Records	Auxiliary Power Supply Test	Key Welfare Indicator Measures	Electrical Equipment Inspection	Heater Inspection
January	Jan 1-3						
	Jan 4-10						
	Jan 11-17						
	Jan 18-24						
	Jan 25-31						
February	Feb 1-7						
	Feb 8-14						
	Feb 15-21						
	Feb 22-28						
March	March 1-7						
	March 8-14						
	March 15-21						
	March 22-28						
	March 29-31						
April	April 1-4						
	April 5-11						
	April 12-18						
	April 19-25						
	April 26-30						
May	May 1-9						
	May 10-16						
	May 17-23						
	May 24-31						
June	June 1-6						
	June 7-13						
	June 14-20						
	June 21-27						
	June 28-30						
July	July 1-4						
	July 5-11						
	July 12-18						
	July 19-25						
	July 26-31						
August	Aug 1-8						
	Aug 9-15						
	Aug 16-22						
	Aug 23-31						
Sept	Sept 1-5						
	Sept 6-12						
	Sept 13-19						
	Sept 20-26						
	Sept 27-30						
October	Oct 1-3						
	Oct 4-10						
	Oct 11-17						
	Oct 18-24						
	Oct 25-31						
November	Nov 1-7						
	Nov 8-14						
	Nov 15-21						
	Nov 22-30						
December	Dec 1-5						
	Dec 6-12						
	Dec 13-19						
	Dec 20-26						
	Dec 27-31						