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| **Month: Year: Facility: Room #: Species:** | | | | | | | | | |  |  |
|  | **Daily** | | | **Weekly** | | **Monthly / As Needed** | **Monthly / As Needed** | **Monthly / As Needed** | | |  |
|  | **Check Animals (if present)** | **Clean After Procedures (if applicable)** | **Check / Empty Trash** | **Sweep / Mop** | **Return Soiled Cages to DLAM** | **Clean Walls** | **Dust / Tidy / Check for Any Needed Repairs** | **Check Drug & Supply Expiration** | **Restock PPE & Cleaning Supplies / Remove Cardboard** | | **Initial** |
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