

Month: _____

Husbandry Log for Rats Housed in Individually Ventilated Caging

Room: _____

	Daily					2x/wk	Weekly			Every 2 wks	Monthly		Quarterly	Initials		
	H ₂ O Pressure	Magna-Helic Gauge +/-	Sweep Floors	Food	Water Bottles /Valves		All Animals Checked	Sanitize Floor & Sinks	Check Lixit Valves/ Change Water Bottles		Change Boxes	Sanitize Doors & Frames			Sanitize Brooms/ Dustpan/ Garbage Can	Change Wire Tops & Filter Tops
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Operations Manager's signature _____

Date _____