

MONTHLY CHECKLIST

MONTH _____ YEAR _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections <input type="checkbox"/> Weekly inspections <input type="checkbox"/> Depth markers: _____ _____ Notes: _____
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DAILY INSPECTIONS

- Livestock waterers
- Washdown hoses
- Cooling systems

If an overflow occurs, record the time and estimated volume of the overflow on the calendar. Also note any deficiencies found in daily and weekly inspections.

WEEKLY INSPECTIONS

- Stormwater diversion devices
- Runoff diversion structures
- Devices channeling contaminated stormwater to storage and containment structures

For all impoundments, record the depth of waste in the space provided on the calendar.

- Manure impoundments
- Wastewater impoundments
- Litter impoundments

INSPECTION DEFICIENCIES

DEFICIENCY DETECTED	DATE AND TIME	CORRECTIVE ACTION	DATE AND TIME

MORTALITIES MANAGEMENT

MORTALITY TYPE AND NUMBER	DISCOVERY DATE	DISPOSAL METHOD	DISPOSAL DATE

IMPORTANT DOCUMENTS

Each month, make sure the following documents are organized and available for review:

- Site-specific nutrient management plan
- Agriculture water quality plan
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DAILY INSPECTIONS

- Livestock waterers
- Washdown hoses
- Cooling systems

If an overflow occurs, record the time and estimated volume of the overflow on the calendar. Also note any deficiencies found in daily and weekly inspections.

WEEKLY INSPECTIONS

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INSPECTION DEFICIENCIES

DEFICIENCY DETECTED	DATE AND TIME	CORRECTIVE ACTION	DATE AND TIME

MORTALITIES MANAGEMENT

MORTALITY TYPE AND NUMBER	DISCOVERY DATE	DISPOSAL METHOD	DISPOSAL DATE

IMPORTANT DOCUMENTS

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MONTHLY CHECKLIST

MONTH _____ YEAR _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections <input type="checkbox"/> Weekly inspections <input type="checkbox"/> Depth markers: _____ _____ Notes: _____
<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections <input type="checkbox"/> Weekly inspections <input type="checkbox"/> Depth markers: _____ _____ Notes: _____
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<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections <input type="checkbox"/> Weekly inspections <input type="checkbox"/> Depth markers: _____ _____ Notes: _____
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<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections Notes: _____ _____ _____ _____	<input type="checkbox"/> Daily inspections <input type="checkbox"/> Weekly inspections <input type="checkbox"/> Depth markers: _____ _____ Notes: _____
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