

Month: _____ Year: _____

Terrestrial Husbandry Log

Building /Room_____/____ Asp#:_____

Date (day)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials																															
ANIMALS NOT PRESENT Leave rows below blank																															
√ Animal Health																															
Room Temperature																															
Humidity																															
Food Provided																															
Water Quality																															
pH																															
NH4																															
NO2/NO3																															
Dissolved O ₂																															
Total Dissolved Gases																															
Salinity																															
Sanitation/Facility Check																															
Light timer																															
Sanatize Nets																															
Sanatize sinks/counters																															
Sweep/Mop																															
Date	Notes																														