

House: _____

Year: _____

LEGEND: DAILY – D WEEKLY – W MONTHLY – M

THERAPEUTIC TUB MAINTENANCE CHART												
Day	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
<i>Example</i>	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init	D W M Init
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Binder(s):	Adult Services	Page:						1 of 1
Section(s):	Health & Safety	A	Apr 13/17	R	Oct 1/18			
Program Area(s):	Adult Disability							