GREENHOUSE BENCH WATERING ROTATION

Location / House ID: _____

Week Starting: _____

BENCH ID	MON	TUE	WED	THU	FRI	SAT/SUN	NOTES / SPECIAL CARE
A-01							
A-02							
B-01							
B-02							
C-01 (Prop)							High humidity check
C-02							
D-01 (Retail)							

Verification Signature: _____ Date Completed: _____