

Date	start of operation	end of operation	responsible person	no abnormalities inside or outside of the water slide, as well as at the joints	no foreign objects or obstacles in the water slide	safety technology of the plant is functional	water quality is tested and OK	signature
Mon.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								
Tue.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								
Wed.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								
Thu.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								
Fri.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								
Sat.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								
Sun.	:	:		<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	
Incidents / Defects:								