
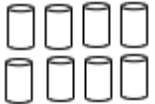



























WATER YOU DRINKING? CHALLENGE

September 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						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 						

Name: _____

Email: _____

Department: _____

Healthy  Workplace