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| Sag: |  |  | Kontrol nr.: |  |
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| Lokalisering: |  |
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Tekst/foto:

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| Bemærkninger: |  |
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| Kontrolplanens kriterium er opfyldt: | Udført afvigerapport:  nr.: |

Der **skal** foretages afkrydsning i et af ovenstående felter.

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| Signatur: |  |  |  |  |