**KARTA KONTROLI DEZYNFEKCJI POMIESZCZEŃ**

**Pomieszczenie:** np. sala zajęć nr ……..

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| **DZIEŃ** | **Godzina** | **Mycie/dezynfekcja** | | | | | |  |
| **Klamki, poręcze** | **Zabawki** | **Wyposażenie sanitariatu** | **Blaty** | **Oparcia krzeseł** | **leżaki** | **Uwagi** |
| …...2020 |  |  |  |  |  |  |  |  |
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| …….2020 |  |  |  |  |  |  |  |  |
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| …….2020 |  |  |  |  |  |  |  |  |
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| …….2020 |  |  |  |  |  |  |  |  |
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| …….2020 |  |  |  |  |  |  |  |  |
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