**CONTROLLO DEL PERSONALE NEL CASO D’EVACUAZIONE**

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| |  |  | | --- | --- | | **Plesso** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  | | --- | --- | | **Compilatore** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  | | --- | --- | | **Classe/Sezione** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  | | --- | --- | | **Allievi Presenti ( in classe)** | **Numero:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  | | --- | --- | | **Allievi Presenti ( evacuati)** | **Numero:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  | | --- | --- | | **Feriti ( segnalazione nominativi)** |  |  |  |  | | --- | --- | | **Dispersi ( segnalazione nominativi)** |  | |

Modugno, ……………. Firma Docente

***…………………………………..***

Alle

**OGGETTO:**

IL DIRIGENTE SCOLASTICO

Prof. ssa Laura CASTELLANA

Firma autografa sostituita a mezzo stampa

ai sensi dell’ex art.3, comma2, del D.Lgs n.39/1993