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

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| **Plesso**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Compilatore** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Classe/Sezione** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Allievi Presenti ( in classe)** | **Numero:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Allievi Presenti ( evacuati)** | **Numero:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Feriti ( segnalazione nominativi)** |  |

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| **Dispersi ( segnalazione nominativi)** |  |

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Modugno, ……………. Firma Docente

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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