KLİNİK ( PROTEZ LAB.):……………………………………………………………..………………………….

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| **.AY** | **TARİH** | **TEMİZİK YAPAN PERSONEL ADI SOYADI** | **08:00** | **12:00** | **16:00** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDEN ADI SOYADI** | **İMZA** |
| **1.HAFTA** | **..../…../202** |  |  |  |  |  |  |  |  |
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| **.AY** | **TARİH** | **TEMİZİK YAPAN PERSONEL ADI****SOYADI** | **08:00** | **12:00** | **16:00** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDEN ADI****SOYADI** | **İMZA** |
| **2.HAFTA** | **..../…../202** |  |  |  |  |  |  |  |  |
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| **.AY** | **TARİH** | **TEMİZİK YAPAN PERSONEL ADI****SOYADI** | **08:00** | **12:00** | **16:00** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDEN ADI****SOYADI** | **İMZA** |
| **3.HAFTA** | **..../…../202** |  |  |  |  |  |  |  |  |
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| **.AY** | **TARİH** | **TEMİZİK YAPAN PERSONEL ADI****SOYADI** | **08:00** | **12:00** | **16:00** | **TEMİZLİK SONUCU YETERLİ / YETERSİZ** | **KONTROL EDEN ADI****SOYADI** | **İMZA** |
| **4.HAFTA** | **..../…../202** |  |  |  |  |  |  |  |  |
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