aptien

| | Inspektor |
|---|---|
| Name | |
| Surname | |
| telephone number | |
| E-mail | |
| | |
| Object of inspection | |
| Date od Inspection | |
| Place of inspection | |
| Number of inspection | |

| Item | Implemented | | | |
|---|---|---|---|---|
| | YES | NO | N/A | Notes |
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