| **Konkrete Gefährdungen/Belastungen** | **Bewertung1** | **Ergriffene/zu ergreifende****Maßnahmen** | **Umsetzung** | **Wirksam?ja/nein** |
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| **Durch wen?** | **Bis wann?** |
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**Ort, Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Unterschrift