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| **Lfd. Nr.** | **Maßnahme** | **Quelle** | **Aufnahme-datum der Maßnahme** | **Zuständig** | **Mit wem** | **Rückmeldung an** | **Risiken** | **Chancen** | **Termin Soll****(bis wann erledigt)** | **Erledigt** | **Wirksamkeit der Maßnahme geprüft** |
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| Erstellt: | *gez. nn* | Datum: | TT.MM.JJ |  | Verantwortlicher: | *gez. nn* | Datum: | TT.MM.JJ |
|  | Name |  |  |  |  | Name |  |  |

**Mitgeltende Unterlagen**

*z.B. Gefährdungsbeurteilung*