**Protokoll AfW / Werte Datum: \_\_\_\_\_\_\_\_\_\_\_\_**

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| **Dienstbesprechung am:** |

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| **Nr.** | **TOP** | **Inhalt/ Leistung/ Ergebnis** | **Federführung / Verantwortlich** | **Termin** |
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| **Teilnehmerliste** |

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| **TeilnehmerInnen** | **Standort** |  | **TeilnehmerInnen** | **Standort** |
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