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| ***Verlustmeldung Gerät/PSA*** |  |  |
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| ***Freiwillige Feuerwehr Samtgemeinde Uchte*** |  |  |
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| Ortsfeuerwehr: |  |   |   |   |  |  |  |  |  |  |
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| Fehlender Ausrüstungsgegenstand: |  |   |  |
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| Wann wurde das fehlen bemerkt? |  |   |  |
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| Wo war das Gerät/die PSA zuletzt im Einsatz? |  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Im Einsatz verloren? |   |   |  |  | Ja |   | Nein |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Im Geräthaus abhanden gekommen? |  |  | Ja |   | Nein |   |  |
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| Bemerkung: |   |   |   |   |   |   |   |   |   |  |
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| Zur Kenntnis genommen: |  |  | Zur Kenntnis genommen: |  |
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| Unterschrift OrtsBM/stellv. |  |  | Unterschrift GemBM/stellv. |  |