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| zu Nr. | Thema | | | | | | Bearbeiter\*in: Name, Vorname  Raum: Raum-Nr. | Datum:  Auswahl |
| Nr. | Prüfkriterium / Rechtsgrundlagen | Mangel vorh.? | | | Handlungsbedarf | | Bemerkungen / Maßnahmen | Realisierung  wer / wann |
| ja | nein | teilw. | ja | nein |
| Nr. | Text |  |  |  |  |  | Text | Text |
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