**KONTROLKA SPRZĄTANIA TOALET**

**za okres:** ………………………………………….…………………..

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| **dzień**  **godz.** | **poniedziałek** | | **wtorek** | | **środa** | | **czwartek** | | **piątek** | |
| godz. | podpis | godz. | podpis | godz. | podpis | godz. | podpis | godz. | podpis |
| **700** |  |  |  |  |  |  |  |  |  |  |
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