# Osobní evid. karta ochranných pracovních pomůcek .

| **Příjmení a jméno** | **Profese, funkce** | **Evidenční číslo** |
|---|---|---|
| **Organizace** | **Bydliště** | |

| **Název – rozměr OP** | **VYDÁNO** | | | | **VRÁCENO** | | | **Poškozeno-zničeno** |
|---|---|---|---|---|---|---|---|---|
| | **Datum** | **Počet** | **Na** | **Podpis** příjmu | Datum | ks | Potvrzení vrácení | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |