**KSIĄŻKA**

**OBIEKTU**

Numer placu zabaw / obiektu……………

Lokalizacja placu zabaw/obiektu:

…………………………………………………………………………………………..

…………………………………………………………………………………………..

Właściciel/zarządzający placem zabaw/obiektem:

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

Data i miejsce założenia księgi:

…………………………………………………………………………………………

Podpis:

…………………………………………………………………………………………

# Lista regularnych kontroli przez oględziny:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lp. | Data kontroli | Imię i nazwisko osoby kontrolującej | Podpis | Imię i nazwisko osoby odbierającej wyniki kontroli | Podpis |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |

# Lista kontroli funkcjonalnych

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lp.  | Data kontroli  | Imię i nazwisko osoby kontrolującej  | Podpis  | Imię i nazwisko osoby odbierającej wyniki kontroli  | Podpis  |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|   |   |   |  |   |   |   |
|  |  |  |  |  |  |  |

# Lista kontroli podstawowych

|  |  |  |  |
| --- | --- | --- | --- |
| Lp.  | Data kontroli  | Imiona i nazwiska osób kontrolujących  | Podpisy  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |
|    |    | 1. 2. 3. 4.  | 1. 2. 3. 4.  |

# Lista zabiegów konserwacyjnych i napraw

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lp.  | Data konserwacji lub naprawy  | Imię i nazwisko wykonawcy  | Podpis  | Imię i nazwisko osoby odbierającej prace  | Podpis  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Lista zgłoszonych usterek

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lp.  | Data zgłoszenia usterki  | Imię i nazwisko osoby zgłaszającej usterkę  | Podpis  | Imię i nazwisko osoby przyjmującej zgłoszenie  | Podpis  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Lista zarejestrowanych wypadków

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lp.  | Data rejestracji wypadku  | Imię i nazwisko osoby rejestrującej  | Podpis  | Imię i nazwisko osoby przyjmującej formularz rejestracji  | Podpis  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |