|  |  |  |
| --- | --- | --- |
|  | PROCEDURA DI SICUREZZA EMERGENZA COVID-19 | **Data** |
| **Descrizione: REGISTRO CONTROLLI GREEN PASS LAVORATORI** |

MESE DI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GIORNO | CONTROLLO NR. GREEN PASS | FIRMA DELL’INCARICATO |  | GIORNO | CONTROLLO NR. GREEN PASS | FIRMA DELL’INCARICATO |
| 01 |  |  |  | 17 |  |  |
| 02 |  |  |  | 18 |  |  |
| 03 |  |  |  | 19 |  |  |
| 04 |  |  |  | 20 |  |  |
| 05 |  |  |  | 21 |  |  |
| 06 |  |  |  | 22 |  |  |
| 07 |  |  |  | 23 |  |  |
| 08 |  |  |  | 24 |  |  |
| 09 |  |  |  | 25 |  |  |
| 10 |  |  |  | 26 |  |  |
| 11 |  |  |  | 27 |  |  |
| 12 |  |  |  | 28 |  |  |
| 13 |  |  |  | 29 |  |  |
| 14 |  |  |  | 30 |  |  |
| 15 |  |  |  | 31 |  |  |
| 16 |  |  |  |  |  |  |