**VALORACIÓ DE RISCOS I MESURES CORRECTORES**

Lloc:

Data:

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| **Risc nº** | **Lloc**  | **Perill**  | **Estimació del risc** | **Prioritat de****l’acció** | **Mesura**  | **Termini****d’execució** | **Responsable de****l’execució** |
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El/la cap de departament Vist-i-plau el/la coordinador/a de riscos

(Signatura) (Signatura)

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Cornellà de Llobregat, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_