**MODULO RIEPILOGATIVO DELL’ EVACUAZIONE**

Anno scolastico 20……/ 20........ Area di raccolta ..........…………………Data …….……….

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| **Classe** | **Piano** | **N. Docenti** | **N. Allievi** | **Tot. presenti** | **Evacuati** | **Infortunati** | **Dispersi** |
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Luogo e data ………………………

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*(firma del Coordinatore per le emergenze)*