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| **DIÁLOGO DIÁRIO DE SAÚDE E SEGURANÇA - DDSS** |

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| **Fornecedor/Fornecedor Quarteirizado** | **Data:** |  | **Horário:** |
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| **Local:** |  | **Território:** |  | **Encarregado:** |
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| **Tema:** |
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| **LISTA DE DIVULGAÇÃO** | | | | | | |
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| **N** |  | **Nome** |  | **Função** |  | **Assinatura** |
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| **N** |  | **Nome** |  | **Função** |  | **Assinatura** |
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| **Divulgação da Análise Preliminar de Riscos - APR** | |
| NºAPR: | Descrição: |
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| **Divulgação de Incidentes** |
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| **Observações:** |
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| Palestrante: | Função: | Assinatura: |
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