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| Birimimizin ihtiyacı olan aşağıda/ekli listede belirtilen malzemelerin temin edilmesi hususunda gereğini arz ederim.     |  |  | | --- | --- | | **TALEP EDEN BİRİM** |  | |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | **S.N.** | **Kişisel Koruyucu Donanımın Adı** | **Kişisel Koruyucu Donanımın Özelliği** | **Kişisel Koruyucu Donanımın Kullanım Alanı** | **Kişisel Koruyucu Donanımın**  **Adeti** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Talep Eden Personel Birim Sorumlusu**  Adı Soyadı : Adı Soyadı :  Unvanı : Unvanı :  İmza : İmza :  **UYGUNDUR**  **…/…/202..** |