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| **NUM. COMMESSA** |  | **ID MOTORE (REM)** |  |

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| **DATA ARRIVO** |  | **DATA PREVISTA CONSEGNA** |  |

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| **RESP. COMMESSA** |  |

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| **FASE LAVORO** | **INIZIO FASE** | **FINE FASE** | **CONFORMITA’** | **FIRMA RESP/OPERATORE** |
| SMONTAGGIO |  |  |  POS  NEG |  |
| Note: |  |
| LAVAGGIO |  |  |  POS  NEG |  |
| Note: |  |
| TEST ELETTRICI |  |  |  POS  NEG |  |
| Note: |  |
| RIPARAZIONE |  |  |  POS  NEG |  |
| Note: |  |
| RICOSTRUZIONE AVVOLGIMENTO |  |  |  POS  NEG |  |
| Note: |  |
| VERNICIATURA |  |  |  POS  NEG |  |
| Note: |  |
| EQUILIBRATURA |  |  |  POS  NEG |  |
| Note: |  |
| MONTAGGIO |  |  |  POS  NEG |  |
| Note: |  |
| COLLAUDO | ADDETTO:  |  |  POS  NEG |  |

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| CONTROLLO FINALE RESP OFFICINA |  POS  NEG | FIRMA  |  |
| Note: |

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| DATA SPEDIZIONE |  |