Wykaz strażaków ratowników OSP uprawnionych do działań ratowniczych

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lp. | Imię | Nazwisko | Data urodzenia | Jednostka OSP | Szkolenie podstawowe OSP | Badania lekarskie (termin ważności) | Ubezpieczenie NNWTAK/NIE |
|  | Jan | Kowalski | 25.07.1978 | OSP Kowale | 12.06.2016 | 24.02.2023 | TAK |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

..…………………………..….………..……………. …………………………….……..…….….…..

 pieczęć i podpis przedstawiciela urzędu miasta / gminy pieczęć i podpis przedstawiciela zarządu OSP