**PSA – BOX**

**CONTROLE DO LACRE DO CARRO DE EMERGÊNCIA / Mês:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_– 2016**

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| **DATA** | **MOTIVO DE ABERTURA** | **SITUAÇÃO DO CARRO** | **NÚMERO DO LACRE (ANTIGO)** | **NÚMERO DO LACRE (NOVO)** | **ENFERMEIRO** |
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**MOTIVO DE ABERTURA: (CM)** Conferência Mensal **; (AE)** Atendimento de emergência**; (Outros ):** Descrever motivo.

**SITUAÇÃO DO CARRO: (OK)** Conferido e conforme**;** (**NC** ) Não conforme (Descrever)

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