PERİYODİK BAKIM TAKİP FORMU

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| S.N. | KULLANILAN ARAÇ-EKİPMANIN  CİNSİ | ARAÇ -EKİPMANININ  ADEDİ | BULUNDUĞU BİRİM | BAKIM SORUMLUSU | BAKIM SIKLIĞI | KONTROL KRİTERLERİ |
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