### ALLEGATO C

**SCHEDA DI VALUTAZIONE DELLO STATO DELLE AULE, DEGLI SPAZI E DEGLI ARREDI**

<table>
<thead>
<tr>
<th>CONDIZIONI LOCALE</th>
<th>PRIMA</th>
<th>DOPO</th>
<th>OSSERVAZIONI</th>
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<tbody>
<tr>
<td>Pulizia Locale e arredi</td>
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<td>Stato illuminazione</td>
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<td>Altre apparecchiature</td>
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### Prescrizioni

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### Data

Data ______________________

Incaricato dell’Ateneo ________________________

Responsabile organizzativo richiedente ________________________

### VERIFICA EFFETTUATA

Data ______________________

Incaricato dell’Ateneo ________________________

Responsabile organizzativo richiedente ________________________