# MASSAUFNAHME VON STAHLZARGEN

Firma _____

_____

Strasse _____

PLZ / Ort _____

Objekt _____

Sachbearbeiter _____

Datum _____

Produkt _____

Oberfläche _____

| Position | roh Loch | | FMST | BE | Schwelle | Band | | Bandseite | | Besonderes |
|---|---|---|---|---|---|---|---|---|---|---|
| | Höhe | Breite | | | | Typ | Anzahl | Links | Rechts | |
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Sep 18



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