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| **A L A R M P L A N** | SEG Odenwald | **Stand:** **.****.** |

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| **Alarmspitze:** | | | |
| **Dienststellung / Funktion** | **Name, Vorname** | | |
|  | , | | |
| Adresse | Telefon, privat | Handy | |
| , | / | / | |
| E-Mail | Telefon, dienstl. | FME (Schleife) | Pager (ISSI) |
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| **Dienststellung / Funktion** | **Name, Vorname** | | |
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| Adresse | Telefon, privat | Handy | |
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| E-Mail | Telefon, dienstl. | FME (Schleife) | Pager (ISSI) |
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| **Pager (digital)** | | |
| GSSI |  |  |
| Subadresse | & |
| Bezeichnung |  |

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| **FME (analog)** | | | | | | |
| Schleife |  |  |  |  |  |  |
| Bezeichnung |  |  |  |  |  |  |
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| **Einsatzstichwort / Alarmstufen:** | | | | | **Tag** 06.00 bis 18.00 Uhr | | | **Nacht / WE / Feiertag**  18.00 bis 06.00 Uhr | |
| Bereitstellungszeit | | | Bereitstellungszeit | |
| **A.** | Gesamtalarm SEG Odenwald | | | | Min. | | | Min. | |
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| Digital | | Alarmstufe A |  |  | |  | | | |
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| Analog | | Alarmstufe A |  |  | |  |  | |  |
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| **Einsatzmittel der SEG Odenwald:** | | | | | | |
| Fahrzeugtyp | Rufname | |  | Fahrzeugtyp | Rufname | |
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| Verantwortlicher  SEG Odenwald |  | Verantwortlicher KV / KatS |

Ausgefülltes Formular bitte an einsatzplanung@kreis-bergstrasse.de