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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) |
|       |       /       |       |       |
|  |  |
| **Dienststellung / Funktion** | **Name, Vorname** |
|       |      ,       |
| Adresse | Telefon, privat | Handy |
|      ,             |       /       |       /       |
| 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 |       |       |       |       |       |       |
|  |
| 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. |
|  |  |  |  |  |  |  |
| Digital | Alarmstufe A |       |       |  |
|  |  |  |  |  |  |  |
| Analog | Alarmstufe A |       |       |      |       |       |
|       |       |       |       |       |
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| **Einsatzmittel der SEG Odenwald:** |
| Fahrzeugtyp | Rufname |  | Fahrzeugtyp | Rufname |
|       |       |  |       |       |
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| VerantwortlicherSEG Odenwald |  | VerantwortlicherKV / KatS |

Ausgefülltes Formular bitte an einsatzplanung@kreis-bergstrasse.de