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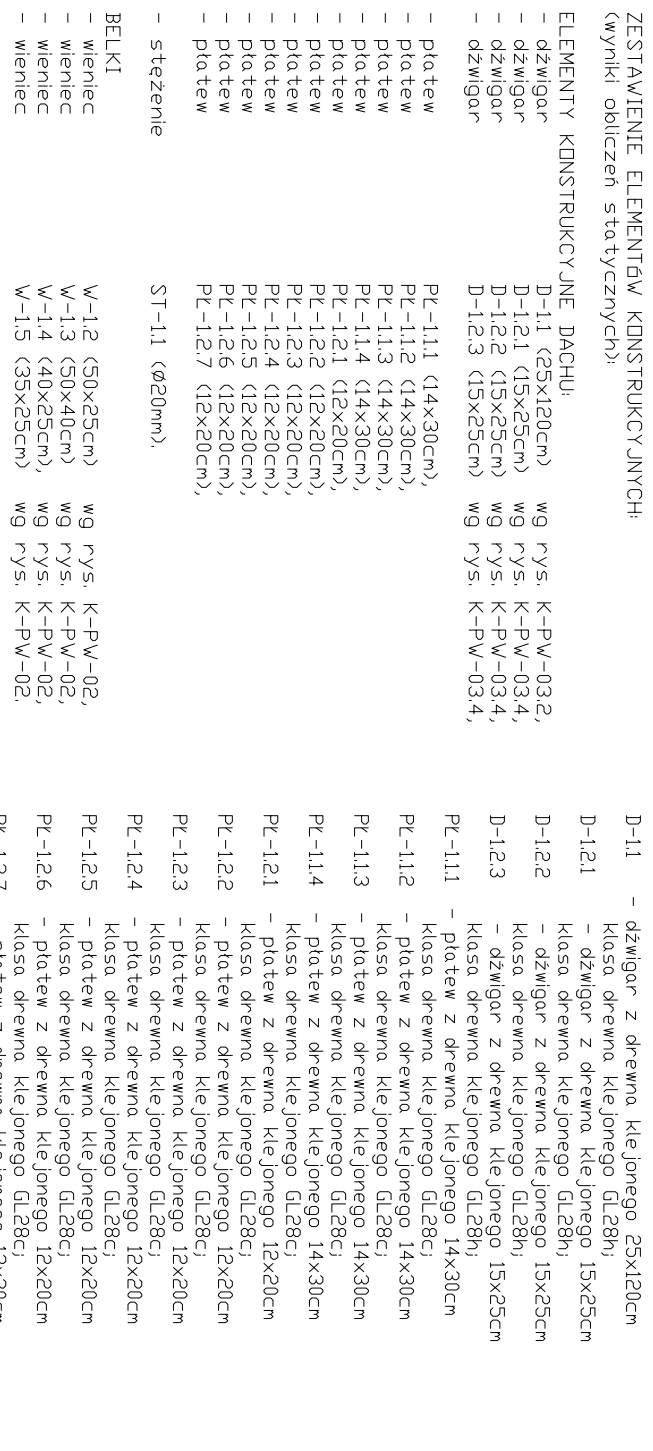
Beton: C20/25,

□tulina: 30mm

GL
stężenia

1. OPRACOWANIE JEST WYKONYWANE ZGODNIE Z OBOWIĄZUJĄCYMI NORMAMI.

2. PROJEKT CHOROBYNI JEŚĆ PRACZYNI AUTORSKIM
3. ROZDZIAŁY ŁĄCZENIE Z PROJEKTEM BRANŻOWYM
4. WSKAZYSKIE WYMIARY NALEŻY SPRAWDZIĆ W MIEJSCU WYKONANIA PRZED ROZPOCZĘCIEM ROBÓT
5. WSKAZYSKIE WYMIARY I RZĘDNI NALEŻY SPRAWDZIĆ NA BUDOWIE
6. DOKONANIE NALEŻY ZABEZPIECZYĆ PRZED DOKONANIE I KONTROLA BUDOWNICZĄ DOPOMIĘDZY ŚRODKAMI CHEMICZNYMI.
7. WSKAZYSKIE WYMIARY PODDAĆ W RÓŻNIE
8. DZIĄŁY NIECHODZIĆ DO SIŁOWY PRACZYNI DOKONANIE DO RYSU nr K-PW-102
9. PŁATNO IŁACZYĆ Z OBLACZNIENIEM NA PRACZYNI DOKONANIE WŁAŚCIWIE BSN 160/180 (WŁAŚCIWIE PIERŚCIEŃNYCH SSI DLA 100-60mm gwóźdźi nie ma wskaźnik stawy wykopu)
10. DZIĄŁY D-1-12 PRZED OBLACZNIENIEM W ŚCIEŃ NALEŻY DODATKOWO ZADOKONAĆ IZOLACJA PRZECIEMOCNOŚCIOWA
11. Kształek i szczegóły wykonania dźwigni D-11 wg rys. K-PW-1031
12. ELEMENTY STALOWE BEZPOŚREDNIO WŁĄCZANE NA DZIAŁANIE DOKONANIE NALEŻY DODATKOWO ZABEZPIECZYĆ FRAJAM I OCHRONNIAMI DO RUS



ZESTAWIENIE PRZEKROJÓW

Przekrój A-A	wg rys. K-Pw-032
Przekrój B-B	wg rys. K-Pw-032
Przekrój C-C	wg rys. K-Pw-034
Przekrój D-D	wg rys. K-Pw-034

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<p>Stadium dokumentacji:</p> <p>PROJEKT WYKONAWCZY</p>	

100

ZWA ZADANIA:

kotłowni wraz z infrastrukturą przy Zespole Szkół w Trzemińsku dla zadania: "Budowa sali gimnastycznej, obiektów rekreacji, obiektów sportowego i rekreacyjnego przeznaczenia"

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RES:
OKALIZACJA):
dz.nr 66/4, 66/5, 149 obręb: 0028 Trzemiżał, 62-240 Trzemeszno

INWESTOR:
(ZAMAWIAJĄCY):
Gmina Trzemeszno, ul. Dąbrowskiego 2, 62-240 Trzemeszno

IMIE I NAZWISKO:	PODPIS:	DATA:

Case	Case description	Case outcome
1	Case 1: A patient with a history of chronic kidney disease (CKD) and hypertension (HTN) presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
2	Case 2: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
3	Case 3: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
4	Case 4: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
5	Case 5: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
6	Case 6: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
7	Case 7: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
8	Case 8: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
9	Case 9: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.
10	Case 10: A patient with a history of CKD and HTN presented with a sudden onset of severe headache and vomiting. The patient was found to have a large intracerebral hemorrhage (ICH) in the right frontal lobe.	The patient was managed with supportive care, including blood pressure control and antiemetics. The patient was discharged on day 10 with a good recovery.

BRANŻA KONSTRUKCYJNA
GENERALNY PROJEKTANT.
Nr Upr. 06/DOŚ/11, Nr Ewid. DOŚ/80/0292/11
W szczególności konstrukcyjno - budowlanej do

projektowania bez ograniczeń	
mar inż Piotr Tyniś	

BRANŻA KONSTRUKCYJNA
SPRAWOZDAJĄCY:
Nr Upr. 199/005/10, Nr Ewid. 005/60/0064/11
Wzrost/rodzaj konstrukcji: budowlana do

projektowano bez ograniczeń

BRANŻA KONSTRUKCYJNA
OPRACOWAŁ:
mgr inż. Marek Szczurek
Wzrost/obniżenie/lowozmianowa - budowlana

Form	Form	Form	Form
Form	Form	Form	Form

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