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Notes

SIGNATURES: DEPT OF HEALTH

DISTRICT MANAGER

DATE _____

AREA MANAGER

DATE _____

CLINIC MANAGER

DATE _____

Stamp by Plans Approval Committee

Checked by Consultant	
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Name

Signature _____

Checked by Project Leader

Name

Signature



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Client	
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KZN Health

PROVINCE OF KWAZULU-NATAL

HEAD: HEALTH

Project
THULASIZWE CLINIC
ZNB 1009 / 2021-H

Drawing description

CLINIC STRIP SECTIONS 01

Drawn DRO	Date 14/08/2024
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Scale/s

1:100

Consultant Drawing number	
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108 - STRIP SECT 01

DOH Drawing number

Revision

0

Revision