

ZESTAWIENIE ILOŚCI OPRAW W OBSZARZE CZ. A i C PARTERU

Tabela nr 2

| Nr | Nazwa pomieszczenia | Oznaczenie oprawy | | | | | | | | | | | | | |
|----|----------------------|-------------------|----|----|----|----|----|----|---|---|---|---|---|---|---|
| | | Eśr (lx) | E1 | E2 | E3 | E4 | E5 | E6 | | | | | | | |
| | PARTER CZ. A | | | | | | | | | | | | | | |
| | Pom. socjalne | 200 | 3 | | | | | 1 | | | | | | | |
| | PARTER CZ. C | | | | | | | | | | | | | | |
| | WC | 200 | | | | | 1 | 1 | | | | | | | |
| | USG | 500 | | | 2 | | | 1 | | | | | | | |
| | Komunikacja | 150 | | | | 2 | | | | | | | | | |
| | Kapilaroskopia | 500 | | | 3 | | | 1 | | | | | | | |
| | Sala wykładowa | 500 | | 12 | | | | 1 | | | | | | | |
| | Gabinet pielęgniarek | 200 | 2 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Razem: | | 5 | 12 | 5 | 2 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |