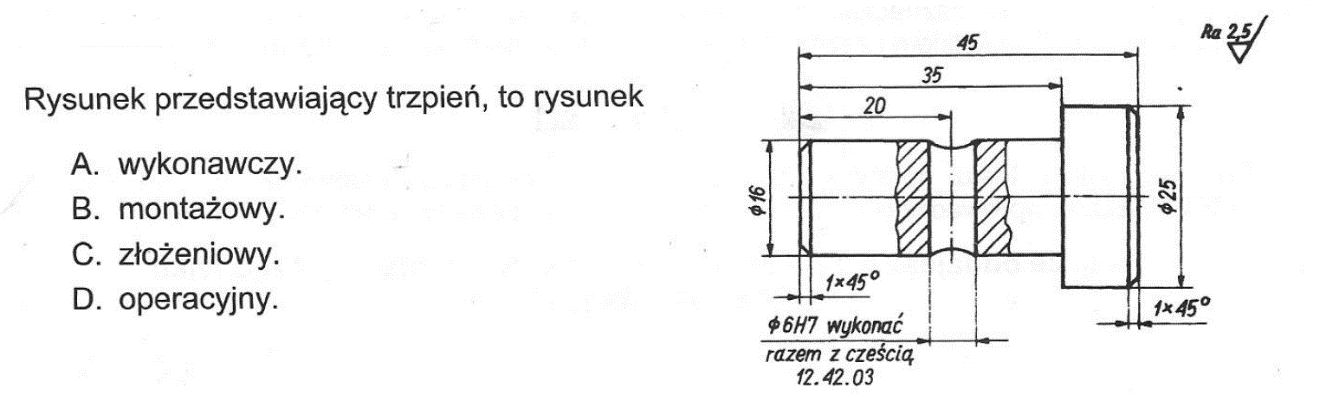
TEST Techniczne bezpieczeństwo pracy Semestr II

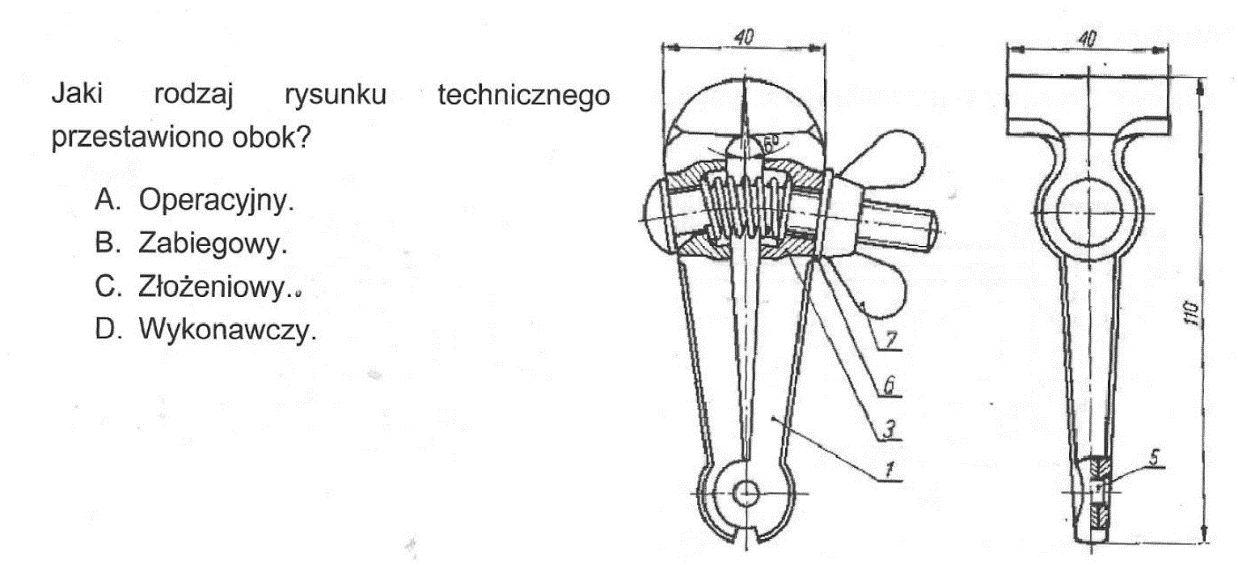
…………………………………………………………

Imię i Nazwisko

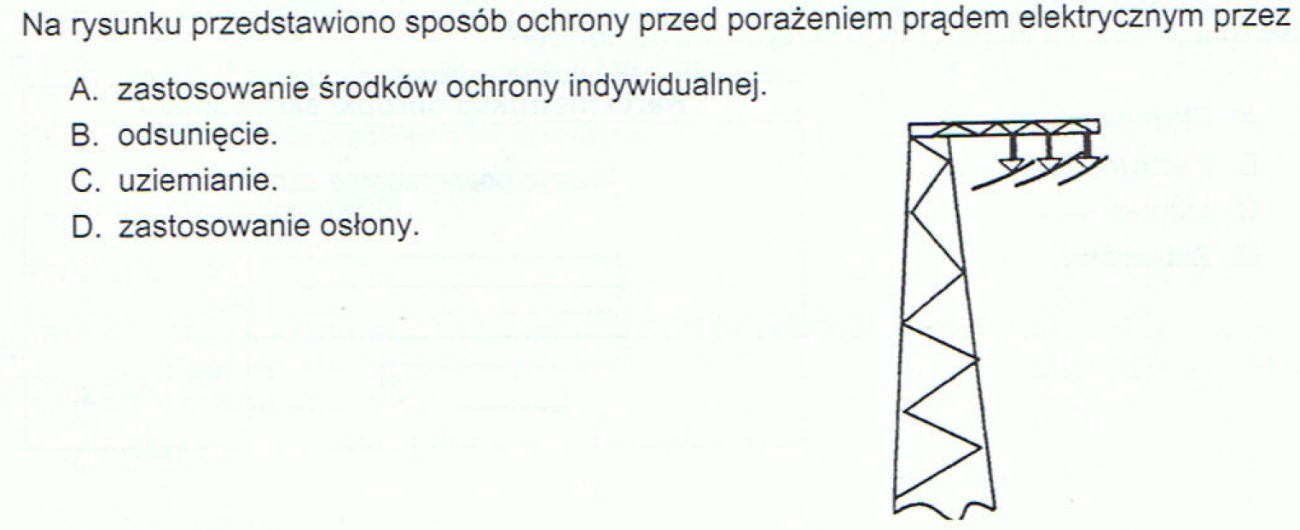
Zad. 1



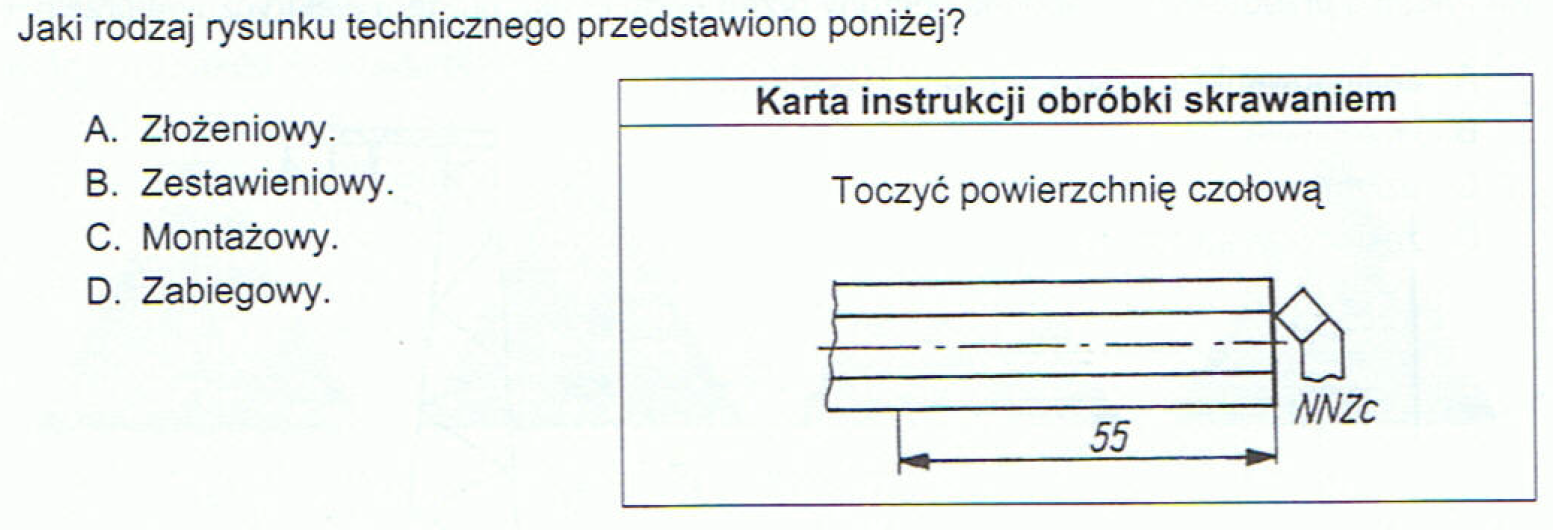
Zad 2.



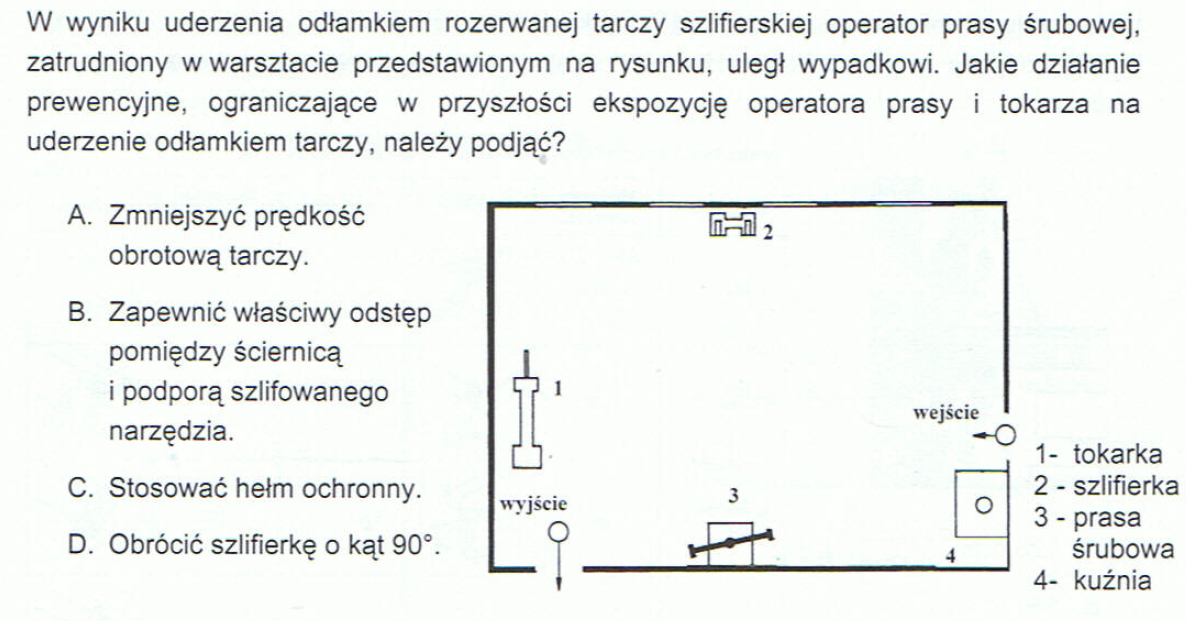
Zad 3



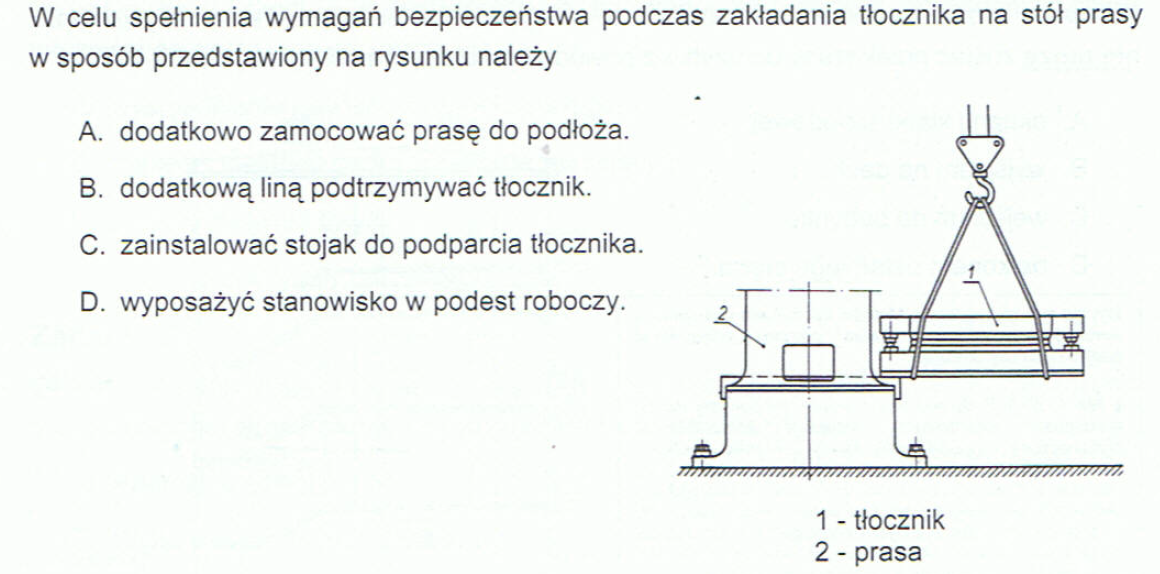
Zad 4



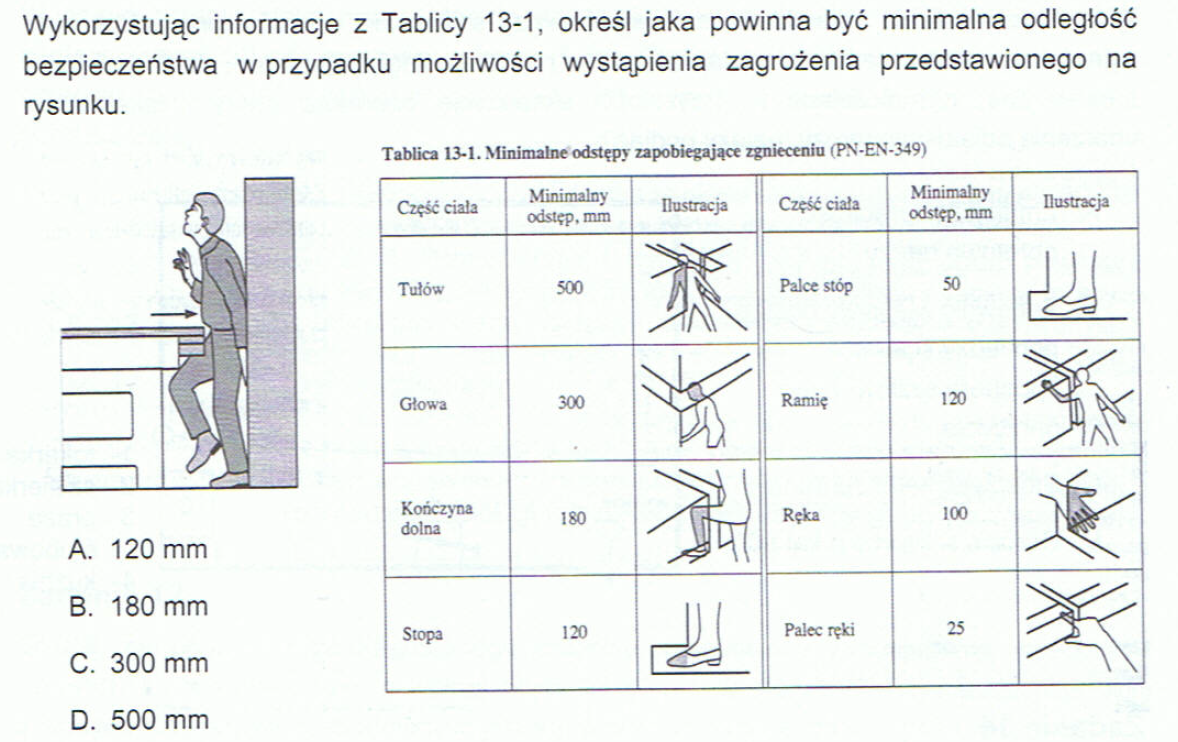
Zad. 5



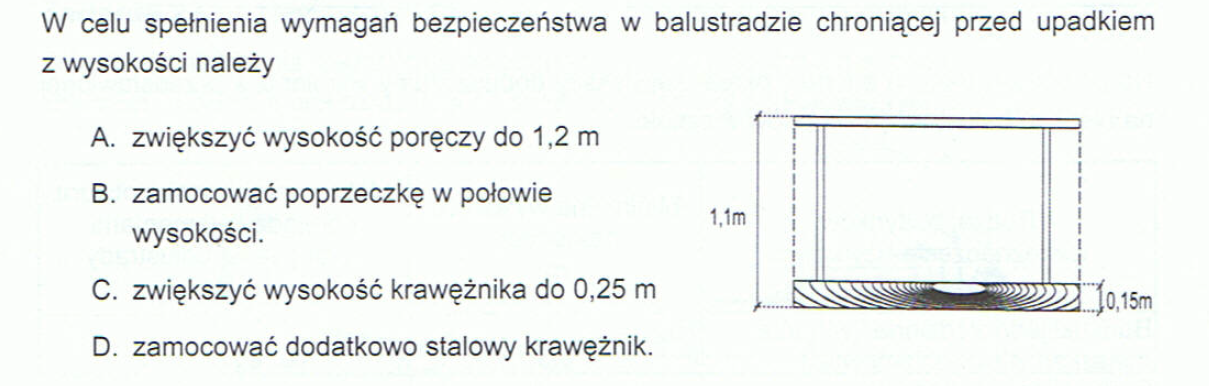
Zad 6



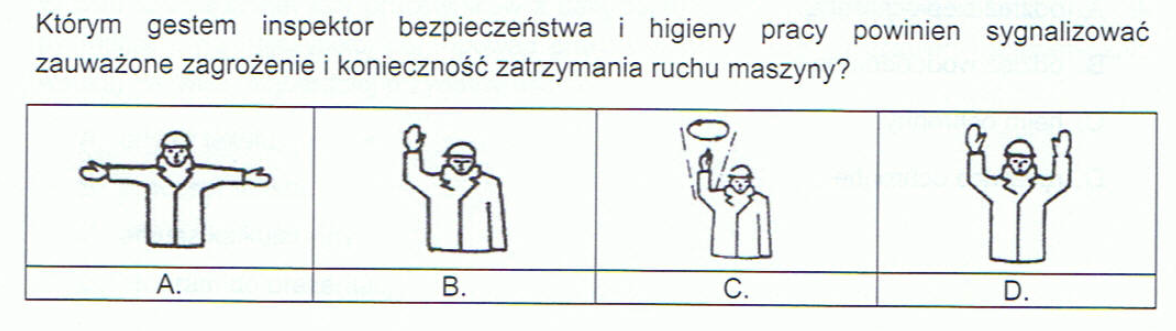
Zad. 7



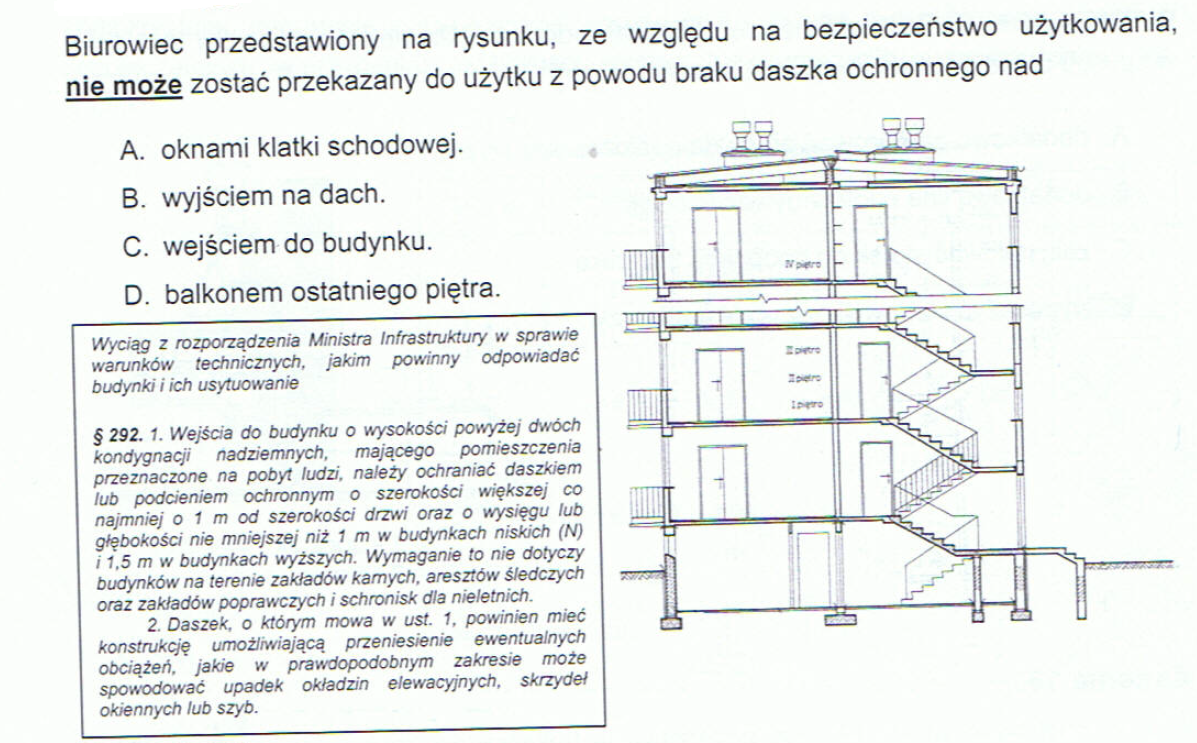
Zad. 8



Zad. 9



Zad. 10



Zad. 11

