附件3

实训（验）室安全集中除患攻坚专项大整治行动排查登记表

填报单位： 填报日期：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 单位或区域名称 | 责任人及电话 | 存在问题 | 是否构成重大安全隐患 | 建议整改措施 | 检查人员 |
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| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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