**附件3： 北京中医药大学实验室安全隐患自查台账**

**联系人： 手机： 报送日期：**

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| **序号** | **院系/单位** | **实验室类别（教学、科研）** | **实验室所在地（校区、楼宇、房间号）** | **存在隐患** | **整改情况** | **整改责任人** | **整改完成时限** | **备注** |
|  |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  |
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|  | **发现隐患总数：** |  | **已整改数：** |  |  | **已制定方案准备整改数：** |  |  |  |