**附表2**

实验室安全隐患自查台账

**学院名称： 联系人： 手机： 报送日期：**

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| **序号** | **学院/单位** | **实验室类别**  **（教学、科研）** | **实验室名称和房间号** | **存在隐患** | **整改情况** | **整改责任人** | **整改完成时限** |
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| 合 计 | |  | 发现隐患数：无 已整改数： 已制定方案准备整改数： | | | |  |