附件2

**实验室安全隐患自查台账**

**学院名称（公章）： 联系人：**

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| **序号** | **实验室名称** | | **负责人** | **职务** | **存 在 隐 患** | **整改完成时间** |
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| 2. |  |
| 3. |  |
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| 合 计 | | 发现隐患数： 已整改数： 已制定方案准备整改数： | | | | |