**附件2**

**XX学院实验室安全隐患自查台账**

**学院名称（盖章）： 联系人： 手机： 报送日期：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **学院/单位** | **实验室名称** | **负责人** | **职务** | **存 在 隐 患** | **整改情况** | **整改完成时间** |
|  |  |  |  |  | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  |  |  |  |  | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
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| 2. |  |  |
| 3. |  |  |
| 合计 | | 发现隐患数： 已整改数： 已制定方案准备整改数： | | | | | |