附件1：

公用房安全排查表（遥测院）

 检查时间： 检查人（签字）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **房间号或位置** | **发现问题（文字+图片）** | **安全责任人** | **整改情况** | **备注** |
| 1 |  |  |  |  |  |
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