附件1

新乡医学院三全学院安全大排查问题隐患记录表

填报单位： 日期：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 排查时间 | 排查地点 | 存在主要问题 | 整改措施和建议 | 备注 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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