附件2

新乡医学院三全学院安全大排查整改措施记录表

填报单位： 日期：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 排查时间 | 排查地点 | 存在安全隐患问题 | 整改措施或方案 | 期限完成时间 | 复查结果 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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