附件2

**\*\*\*\*学院实验室安全隐患自查自纠汇总表**

**二级学院名称： 联系人： 手机： 报送日期：**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **实验室名称** | **实验室类别****(教学/科研)** | **存在隐患** | **整改情况** | **整改****责任人** | **整改完成时限** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
|  | **发现隐患总数：** |  | **已整改数：** |  | **已制定方案准备整改数：** |  |  |