附件2：

**教学实验室安全隐患汇总表**

**学院（盖章）： 学院领导（签名）：**

**填报人： 电话： 完成时间： 年 月 日**

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| **序号** | **实验室** | **地点** | **责任人** | **电话** | **存在隐患** | **解决措施** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |