附件1：

实验室安全隐患自查自纠汇总表

**学院： 检查时间： 检查人员：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **校区** | **房间** | **责任人** | **检查时间** | **隐患描述** | **整改情况** | **整改完成时间** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**※ 如无隐患，请在隐患描述一栏填写“查无隐患”。**

**二级单位实验室安全负责人： 学院公章：**