

**检测中心PPE月保养记录表**

记录人： 日期：

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| --- | --- | --- | --- | --- | --- | --- |
| PPE名称 | 规格/型号 | 数量 | 外观是否完好 | 功能是否正常 | 是否已过有效期 | 备注 |
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备注：根据实际情况填写 Y/N ，如有异常情况则在备注栏填写异常情况，如有其它PPE增加，则在表格后面增加

编制：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 审核：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 审批：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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