附件：

疫情防控过渡期实验室开放使用情况备案表

学院: 开展实验学生人数: (其中本科: 研究生: )

| **序号** | **楼宇** | **房间号** | **房间名称** | **房间安全责任人** | **联系方式** | **开放起止日期** | **校内指导****教师姓名** | **校内指导教师****联系方式** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **疫情防控过渡期实验室****安全管理专班** | 组长 |  |
| 副组长 |  |
| 组员 |  |
| 联络员 |  | 联络员电话 |  |

填表人/联系方式： 填表日期：