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** |
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| **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：