实训室通风记录表

**系部： 实训室名称：**

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| --- | --- | --- | --- | --- | --- |
| **日期** | **天气**  **情况** | **通风时间**  **（ 时 分－ 时 分）** | | **负责人** | **备注** |
| **上午** | **下午** |
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注：公共场所每天上午和下午至少通风1次，每次30分钟以上。通风时间需注明具体时间段。每次通风均需记录。