附件

　　 区专项治理企业挂账台账统计表

**填报单位（盖章）： 填报时间：2022年 月 日**

**填表人： 联系电话： 主管领导：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **企业名称** | **单位地址** | **联系人** | **联系电话** | **超标岗位（个）** | **超标危害因素及浓（强）度数值** | | | **岗位接触危害人数** | **治理资金投入（万元）** | **治理完成时限** | **治理后危害因素浓（强）度数值** | | | **验收销账**  **时间** |
| **粉尘** | **化学** | **噪声** | **粉尘** | **化学** | **噪声** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |