附件1

全省粮食行业有限空间情况汇总表

填表单位（公章）： 市          填表日期：2019年  月   日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **企业名称** | **涉及有限空间作业的环节（工序）** | **有限空间类型及其数量** | **主要风险（有毒有害、易燃易爆气体、可燃性粉尘等）** | **涉及作业人员数量** | **生产经营单位负责人** | **联系电话** | **备注** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |

填表人：                                联系电话：