附件2：

北京市仁和医院垃圾分类督查记录表

科室： 年 月

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| --- | --- | --- | --- | --- | --- |
| 督查  时间 | 垃圾分类是否正确 | 有无混放现象 | 是否有  劝阻和指导 | 改进情况 | 监督员  签字 |
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