**企业职业卫生基本情况调查表**

**表一：企业涉及职业病危害工作场所情况调查表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **工作部门** | **工种** | **工作场所** | **易致病因素** | **现有工作人员人数** | **已采取的防范措施** | **备注** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**表二：企业职业病职工情况调查表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **出生年月** | **工作部门** | **工种** | **工作场所** | **病种** | **鉴定机构** | **确诊时间** | **备注** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

备注：该表可至市国资委官网“通知公告”栏目下载。请各企业填报完整后于6月3日前报市国资委综合科。

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