**附件2**

常州大学实验室气瓶使用管理记录表

实验室楼宇及房间号： 实验室负责人： 联系电话：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **气瓶编号** | **气体名称** | **气瓶体积** | **气瓶检验有效期**  **截至时间** | **检查时间** | **检查人员** | **检查情况** | **整改情况** | **备注** |
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注：气瓶检查包括对气瓶有效期，瓶体、减压阀、气体管路的使用情况，气瓶状态牌、防倒装置、保护帽的缺失情况等进行检查。