附件2

单位安全生产工作管理台账

填报单位： 填报日期： 年 月 日

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| **序号** | **单位名称** | **单位地址** | **法人代表** | **联系电话** | **安全联络人** | **联系电话** | **单位地址** | **存在的违法行为及安全隐患** |
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**审核人： 填报人：**