**疫情期间保健医消毒记录表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 日期 | 时间 | 消毒部位 | | | | | | 签字 |
| 晨检车（桌） | 手电筒 | 测温枪 | 办公区域 | 药箱 | 开窗通风 |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

注：1.所有晨检物品，每天用75%酒精擦拭消毒2次以上。

2.开窗通风每天至少2次，每次30分钟。

3.地面每天用500mg/L浓度的健之素擦拭2次以上。