**年度职业卫生防护用品发放记录表**

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| **车间名称** | **接触职业病危害因素** | **个人防护**  **用品名称** | **型号** | **数量** | **领取人** | **领取日期** |
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编制：　            　　 审核（签字）：                编制日期：    年   月   日

**附**：个人防护用品的生产、供货单位，使用说明和产品合格证明