**附件1**

**有限空间汇总表**

**填表单位（公章）： 填表日期： 年 月 日**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **生产经营单位名称** | **涉及有限空间作业的环节（工序）** | **有限空间类型及其数量** | **主要风险（有毒有害、易燃易爆气体、可燃性粉尘等）** | **涉及作业人员数量** | **生产经营单位负责人** | **联系电话** | **备注** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |

**填表人： 联系电话：**