附件2

医疗废物处置记录

|  |  |  |  |
| --- | --- | --- | --- |
| 日期 | 焚烧/填埋 | 处置地点 | 处置人 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

医疗废物消毒记录

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 日期 | 消毒剂名称 | 浓度 | 浓度监测 | 签名 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |