附件2

医疗废物收集情况日报表

报送日期： 年 月 日 集中收集处置单位：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **医疗机构****名称** | **所属市** | **所属区** | **感染性废物** | **损伤性废物** | **病理性废物** | **药物性废物** | **化学性废物** | **小计** |
| **数量（箱）** | **重量（kg）** | **数量（箱）** | **重量（kg）** | **数量（箱）** | **重量（kg）** | **数量（箱）** | **重量（kg）** | **数量（箱）** | **重量（kg）** | **数量（箱）** | **重量（kg）** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |