附件2

建筑消防设施排查单位明细表

填报单位：

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **单位地址** | **联系人** | **联系电话** | **存在问题** | **备注** |
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填报人： 填报日期：