附件3

高平市消防安全集中除患攻坚大整治行动“三类重点场所”问题、措施、责任清单

填报单位（盖章）：填报人：填报日期：

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| 序号 | 场所名称 | 地址 | 主要负责人 | 联系方式 | 场所类型 | 建筑面积、层数、从业人数 | 是否留宿（留宿人数） | 存在的隐患问题 | 整改措施 | 整改责任人 | 整改时限 | 督改责任单位 | 督改责任人 |
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