附件4：

保德县道路运输“百日攻坚”集中行动安全隐患统计表

填报单位： 填表人： 填表日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 带队领导及职务 | 检查人员 | 检查时间 | 被检查企业（单位）名称 | 存在的问题 | 整改措施 | 企业整改责任人 | 部门/乡镇整改责任人 | 整改时限 | 整改进展情况 | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
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