**附件1：** 中山大学拟回收处置气瓶统计表

单位名称： 化学工程与技术学院 填报人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **气体名称 （混合气需填写气体比例）** | **容积（升）** | **数量(个)** | **供应商** | **购置年份** | **气瓶剩余压力（MPa）** | **是否为在账固定资产** | **气瓶放置地点（校园、楼栋、房间号）** | **联系人** | **联系电话** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
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