**《**医疗废物焚烧处理设施运行维护技术规程**》（征求意见稿）**

**征求意见表**

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| 专 家  姓 名 |  | 单位 |  | 电话 |  |
| 地 址 |  | | | 邮编 |  |
| 条文号 | 意见和/或建议 | | | | 理由/ 背景材料 |
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**（纸面不敷，可另增页）**