**食堂配餐间紫外线消毒记录表（ 年 月）**

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| **日期** | **餐次**  **（早、中、晚餐）** | **开始时间** | **结束时间** | **紫外线灯累计使用时间** | **灯表面清洁** | | **操作人签名** |
| **有** | **无** |
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注意：每次消毒时间不得少于30分钟。