**食堂配餐间紫外线消毒记录表（ 年 月）**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

注意：每次消毒时间不得少于30分钟。