|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件二  **《有害生物防制服务质量现场评估》培训班学员签到表** | | | | | | | | |
| 序号 | 会员号 | 姓名 | 性别 | 身份证号码 | 公司名称 | 本人签名 | 体温 | 是否按时完成线上培训 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

负责人签名（盖公章）： 日期：