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| 设备名称 | 平面口罩自动生产线 | | | | | | | | | 设备编号 | | | | | | 202002010025001 | | | | | | | | | | | | 2020年 2 月 | | | | | | | |
| 维护项目 | 维护结果（日期） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | 27 | | 28 | 29 | 30 | 31 |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
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| 维护人 |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 复核人 |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 异常情况记录 | | | | | | | | | | | | | | | | | | | | | | | | 维护人 | | | 复核人 | | | | 日期 | | | | |
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编号：202002010001

注：1.每天维护人要对设备工装进行维护。

2.将维护结果填写在维护结果栏，维护结果正常的在相应的空格打√，异常的打╳。