附件3

《医疗机构医疗废物暂存间建筑设计规程》意见反馈表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 章条编号 | 专 家 意 见 | 专家（姓名、职称、单位） | 修改情况(采纳/不采纳) | 不采纳理由 |
| 原 稿 | 改 为 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |