附件 1

# 彭阳县 2018 年公共场所卫生

# 国家随机监督抽查工作实施方案

一、工作目标

加强公共场所卫生监督执法工作，规范公共场所经营行为，提高公共场所经营者卫生法律意识和卫生管理水平。

二、抽查范围及内容

抽查游泳、住宿、沐浴、美容美发等场所以及集中空调通风系统的卫生管理情况，抽查室内空气、顾客用品用具、水质以及集中空调通风系统卫生质量。推进公共场所卫生监督量化分级管理。

三、时间安排

（一）动员部署阶段（2018年4月）。县卫计局结合本地实际情况制定具体实施方案，将监督抽查任务落实到县卫生监督所和县疾控中心。

（二）组织实施阶段（2018年4月至10月）。县卫生监督所和县疾控中心按照随机监督抽查任务清单，完成职责范围内各类公共场所的监督检查和采样检测任务。

（三）总结上报阶段（2018年6月和11月）。县卫生监督所于2018年6月25日和11月9日前完成上半年和下半年抽查信息报告工作，具体要求按照正文卫生监督职责第三条执行。

联系人：赵志刚 县卫生监督所

电 话：0954-7014412

邮 箱：[nxwsjd\_425@163.com](mailto:nxwsjd@163.com)

附表：

1、2018年公共场所卫生国家随机监督抽查工作计划表

2、2018年游泳场所卫生国家随机监督抽查信息汇总表

3、2018年公共场所卫生管理国家随机监督抽查信息汇总表

4、2018年公共场所顾客用品用具国家随机监督抽查信息汇总表

5、2018年公共场所空气质量国家随机监督抽查信息汇总表

6、2018年公共场所集中空调通风系统国家随机监督抽查信息汇总表

7、2018年游泳场所国家随机监督抽查不合格单位情况表

8、2018年顾客用品用具国家随机监督抽查不合格单位情况表

9、2018年空气质量国家随机监督抽查不合格单位情况表

10、2018年集中空调通风系统国家随机监督抽查不合格单位情况表

11、2018年公共场所卫生管理制度落实情况检查表





|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | | |  |
|  |  | | | | | | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | |  |
|  |  |  |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  |
|  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |
|  | |  |  |  |
|  | |  |  |  |  | |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |
|  | |  |  |  |





|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |





|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |





|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |





|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | |  |  |  |
|  | |  |  |  |





|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |

附表 11

2018 年公共场所卫生管理制度落实情况检查表

单位名称： 地址：

负责人： 联系电话：

场所类别： 住宿场所□ 游泳场所□ 沐浴场所□ 美容美发场所□ 商场（超市）□

体育场馆□ 影剧院□ 游艺厅□ 歌舞厅□ 音乐厅□ 候车（机、船）室□ 卫生信誉度等级: A □ B □ C □ 不予评级□ 未分级□

|  |  |  |
| --- | --- | --- |
| 检查内容 | 结果判定 | 备注 |
| 1.是否按规定建立卫生管理制度（档案）、设立卫生管理部门或人员 | 是□ 否□ |  |
| 2. 从业人员是否取得有效健康合格证明 | 是□ 否□ |  |
| 3.是否设置醒目的禁止吸烟警语和标识 | 是□ 否□ |  |
| 4. 是否按规定对空气、微小气候、水质、采光、照明、噪声、顾客用品用具进行卫生检测 | 是□ 否□ |  |
| 5. 是否按规定公示卫生许可证、卫生信誉度等级和卫生检测报告 | 是□ 否□ |  |
| 6.是否按规定处理公共用品用具 | 是□ 否□ |  |
| 7.是否按规定建立完整的集中空调通风系统  卫生档案 | 是□ 否□ |  |
| 8.是否按规定对集中空调通风系统进行卫生检测或卫生学评价 | 是□ 否□ |  |
| 9.是否按规定对集中空调通风系统进行清洗消毒 | 是□ 否□ |  |

注：上述检查内容，如存在合理缺项应在备注中注明。

被检查单位陪同人员签字： 检查人员签字：

年 月 日 年 月 日