附件1

消杀服务机构人员一览表

PCO名称：（盖章）

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| 姓名 | 是否参加培训 | 培训证书号码 | 部级  （培训  部门） | 省级  （培训  部门） | 市级  （培训部门） | 是否购买社保 |
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