附件3：湖南省地方标准《养老机构新冠肺炎疫情防控工作管理规范》(征求意见稿）

**意见反馈表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 刘理静 | | 电话 | 19873081010 | 传 真 | |  | E-mail | 617280927@qq.com | |
| 单位 | 长沙民政职业技术学院 | | | | 通信地址 | | 长沙市雨花区香樟路22号 | | 邮编 | 410004 |
| 章条号 | | 修改建议 | | | | 修改理由 | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |
|  | |  | | | |  | | | | |

（纸幅不够，请附页）