**吉林大学第二医院XXXX药房室内温/湿度记录表**

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| 专业/科室 | |  | | | 药房位置 | | | XX号楼XX层XX房间 | |
| 药品管理员 | |  | | | 温湿度计型号/编号 | | |  | |
| 室内温湿度记录 | | | | | | | | | |
| 日期 | 记录  时间 | | 即时  温度 | 最低/最高  温度 | 即时  湿度 | 最低/最高湿度 | 温湿度是否  符合要求 | | 记录人  签字 |
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备注：每天记录一次。