附件1

**江门市卫生计生系统全民消防安全宣传教育培训**

**“工作小组”名单**

市（区）/单位： 填报日期：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **职务** | **是否有消防培训经验** | **手机号码** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 填报人： 联系电话：

 注：各市（区）培训小组人数不少于5人；市直各单位不少于2人。