**胸痛救治单元现场验收专家意见反馈表**

保 密

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **核查单位** | |  | | **核查日期** |  |
| **专家组** | | | | **核查秘书** | |
|  | |  |  |  | |
| **主要优点：** | | | | | |
| **主要不足：** | | | | | |
| **专家组推荐意见** | | | | | |
| □建议通过 | | | | □建议整改后验收 | |
| **专家签名** |  | | | | |