|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 附件3 |  |  |  |  |  |  |
| 公共机构生活垃圾分类台账 |
| 单位名称： |  |
| 负责人： |  | 联系电话： |  |
| **分类环节** | **项目** | **可回收物** | **不可回收物** | **餐厨垃圾** | **有害垃圾** | **备注** |
| **分类投放** | **收集容器数量** |  |  |  |  |  |
| **负责人** |  |  |  |  |  |
| **分类收集** | **收集作业单位** |  |  |  |  |  |
| **收集作业时间** |  |  |  |  |  |
| **再生资源回收站点** | **名称** |  |  |  |  |  |
| **负责人** |  |  |  |  |  |
| **分类转运** | **转运机构** |  |  |  |  |  |
| **转运时间** |  |  |  |  |  |
| **负责人** |  |  |  |  |  |