附件2

建筑施工现场安全监督信息表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 安监编号 |  | | | | | | | | | | 录入日期 | | | |  | | | |
| 中标编号 |  | | | | | | | | | | 项目卡号 | | | |  | | | |
| 工程名称 |  | | | | | | | | | | | | | | | | | |
| 工程地址 |  | | | | | | | | | | | | | | | | | |
| 工程造价 |  | | 结构层数 | | | |  | | | 建筑面积 | | | | |  | | | |
| 脚手架种类 |  | | | | | | | 脚手架高度 | | | | |  | | | | | |
| 基础类型 |  | | | 基坑深度及支护措施 | | |  | | | | | 是否完成施工现场及毗邻区域内管线资料交接 | | | | | |  |
| 建设单位 |  | | | | | | | | 现场代表 | | | | | 姓名 | |  | | |
| 电话 | |  | | |
| 监理单位 |  | | | | | | | | 项目总监 | | | | | 姓名 | |  | | |
| 电话 | |  | | |
| 施工单位 |  | | | | | | | | 安全生产许可证书号 | | | | |  | | | | |
| 项目主要负责人 | 姓名 | 安全生产能力考核证书号 | | | | 电话 | | | 安全员 | | | | | 姓名 | | | 安全生产能力考核证书号 | |
| 项目经理 |  |  | | | |  | | |  | | |  | |
|  | | |  | |
| 安全工程师 |  |  | | | |  | | |  | | |  | |
|  | | |  | |
| 开工日期 |  | | | | | | | | 竣工日期 | | | | |  | | | | |
| 经办人 |  | | | | 联系电话 | | | |  | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | |
| 本表一式四份，建设单位、监理单位、施工单位、安监部门各持一份，并加盖建设单位、施工单位、监理单位公章。咨询电话：86918917、86695898 | | | | | | | | | | | | | | | | | | |