附件5

吉林省健康企业上报名单

填报地区：　　　　　　　　　　　 填报人：　　　　　　　联系电话：　　　　　　　　填报时间：

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| **序号** | **企业名称** | **社会统一信用代码** | **地址** | **企业****规模** | **行业****分类** | **注册****类型** | **职工****总人数** | **5年内新增职业病人总数** | **职业健康达人/健康达人数量** | **联系人** | **联系电话** | **企业****自评分** | **县级评分** | **市级评分** | **省级评分** |
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