**南投縣 鄉鎮市登革熱防治□噴藥 □孳生源檢查 工作紀錄表**

**組別: 執行日期: 年 月 日 □上午 □下午**

**里別:**

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| 次序 | 門牌號 | 噴罐瓶數 | 熱噴 | 總樓層/總坪數 | 噴藥情形(請用ˇ) | 開鎖情形(請用ˇ) | 開立限改單(請ˇ) | 開立舉發單(請ˇ) | 疫調情形 |
| 完成噴藥 | 完成孳檢 | 不在戶 | 空屋 | 拒絕 | 請假證明 | 完成開鎖 | 開鎖單 | 無法打開 | 現住人數 | 疑似症狀人數 | 陽性戶/地點 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **疫調戶數: 戶** |
| **疫調人數: 人** |
| **疑似症狀人數: 人** |
| **採血人數: 人** |

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| **應噴/檢查戶數: / 戶** |
| **完噴/檢查戶數: / 戶** |
| **未完成戶數: 戶** |
| **噴罐瓶數: 瓶** |
| **熱噴戶數: 戶** |

**統計報表: 鎖匠: 位**

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| **陽性戶數/檢查戶數: / 戶** |
| **陽性容器/積水容器: / 個** |
| **布氏/容器級數:**  |
| **開立限改單: 張** |
| **開立請假單: 張** |

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| **開鎖戶數: 戶** |
| **無法開鎖戶數 戶** |
| **舉發單: 戶** |
| **開鎖單: 戶** |

**孳檢人員簽名:**

**公所人員簽名:**

**噴藥技術人員簽名:**

**鎖匠簽名:**

**警察簽名:**