**附件 4**

接触食品从业人员花名册

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| **序号** | **姓名** | **工种** | **是否持有健康证** | **备注** |
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| 商家鲜章： | | | | |
| 注：请持有健康证的员工，将健康证件复印附后。 | | | | |