**试验医疗器械温湿度记录表（ 年 月）**

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| **环境**  |  | **温湿度计型号** |  | **温湿度计编号** |  |
| **存放地点** |  | **温度要求** |  | **湿度要求** |  |
| **日期** | **时间** | **当月温度 (℃)** | **当月湿度 (RH%)** | **记录人****签名缩写** |
| **最低** | **最高** | **最低** | **最高** |
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注：工作日记录，如没有湿度要求记录NA。