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| 附表1 | | | | | |
| 上海市红十字备灾救灾中心 | | | | | |
| 赈灾救助物资发运点验单 | | | | | |
|  |  |  |  |  |  |
| 时间： |  | 地点： |  |  |  |
| 发货情况： | 品名 | 数量 | 单位 |  |  |
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|  |  |  |  |  |  |
| 总计： | |  |  |  |  |
| 仓库管理员： | |  |  |  |  |
| 装运核对人： | |  |  |  |  |
| 装运复核人： | |  |  |  |  |
| **物资发放情况：** | |  |  |  |  |
| 本批物资发往： | |  |  |  |  |
| 具体数量： |  |  |  |  |  |
| 公路承运商确认： | |  |  |  |  |
| 现场监管： | | | | | |
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附表2

上海市红十字备灾救灾中心

赈灾救助物资通行证明

兹证明货运车辆 运送上海市红十字会、上海市红十字备灾救灾中心接受捐赠的 、 等物资，将应急用于 地震救助。

运送日期： 年 月 日。

运送路线：上海市青浦区赵巷镇——上海北郊站。

请给予通行便利。

特此证明。

上海市红十字备灾救灾中心

年 月 日

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| 附表3 | | | | | | | | | | |
| 上海市红十字备灾救灾中心  应急发运工作人员分组表 | | | | | | | | | | | |
|  | | |  |  | |  | | |  | |  | | | |
| **组别** | | | **应急发运职务** | **姓 名** | | **直线电话** | | | **手机号码** | | | | **日常职务** | | |
| 现场总指挥 | | |  |  | |  | | |  | | | |  | | |
| 现场总协调 | | |  |  | |  | | |  | | | |  | | |
| 发运组A队 | | |  |  | |  | | |  | | | |  | | |
| 发运组A队 | | |  |  | |  | | |  | | | |  | | |
| 发运组A队 | | |  |  | |  | | |  | | | |  | | |
| 发运组B队 | | |  |  | |  | | |  | | | |  | | |
| 发运组B队 | | |  |  | |  | | |  | | | |  | | |
| 发运组B队 | | |  |  | |  | | |  | | | |  | | |
| 核对组A队 | | |  |  | |  | | |  | | | |  | | |
| 核对组A队 | | |  |  | |  | | |  | | | |  | | |
| 核对组A队 | | |  |  | |  | | |  | | | |  | | |
| 核对组B队 | | |  |  | |  | | |  | | | |  | | |
| 核对组B队 | | |  |  | |  | | |  | | | |  | | |
| 核对组B队 | | |  |  | |  | | |  | | | |  | | |
| 监管组A队 | | |  |  | |  | | |  | | | |  | | |
| 监管组A队 | | |  |  | |  | | |  | | | |  | | |
| 监管组A队 | | |  |  | |  | | |  | | | |  | | |
| 监管组B队 | | |  |  | |  | | |  | | | |  | | |
| 监管组B队 | | |  |  | |  | | |  | | | |  | | |
| 监管组B队 | | |  |  | |  | | |  | | | |  | | |
| 附表4 | | | | | | | | | | | | | | | | |
| 上海市红十字备灾救灾中心 | | | | | | | | | | | | | | | | |
| 赈灾救助物资发送清单 | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | |  | |  | | | | |  |
| 物资发往地区： | | | | | | 红十字会 | | | | | 发运站（场） | | | | |  |
|  | | | |  | |  | |  | | |  | | | | |  |
| **物资名称** | | | | **包装数量**  **(件/箱)** | | **总数** | | **价值**  **（元）** | | | **预估重量** | | **预估体积** | | | |
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| 合计 | | | |  | |  | |  | | |  | |  | | | |
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|  | | | | 红十字会 | |  | |  | | |  | |  | | | |
| 联系人： | | | |  | |  | |  | | |  | |  | | | |
| 手机： | | | |  | |  | |  | | |  | |  | | | |
| 地址： | | | |  | |  | |  | | |  | |  | | | |
| 邮编： | | | |  | |  | |  | | |  | |  | | | |

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| 附表5 | | | | | | |
| 上海市红十字备灾救灾中心 | | | | | | |
| 为\*\*\*\*赈灾热线电话接听记录 | | | | | | |
| （一般来电） | | | | | | |
| **接听日期** | **捐款咨询** | **捐物咨询** | **志愿服务咨询** | **公示查询** | **票据查询** | **小计** |
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| **累 计** |  |  |  |  |  |  |
| **注：请在捐款、捐物和志愿服务等栏内以“正”字记录接听电话数量，其他情况请在空格内注明。** | | | | | | |
| **接听人：** | | | | | | |

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| 附表6 | | | | | | | | | | | | | | | | |
| 上海市红十字备灾救灾中心  为\*\*\*赈灾热线电话接听记录 | | | | | | | | | | | | | | | | |
| （应急来电） | | | | | | | | | | | | | | | | |
| **日期时间** | | **来电人 姓名/单位** | | **联系方式** | | **来电事宜** | **来电类别** | | **接听人** | | **接听处理** | | **处理情况** | | **处理日期** | |
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| 附表7 | | | | | | | | | | | | | | | |
| 上海市红十字备灾救灾中心 | | | | | | | | | | | | | | | |
| 捐赠物资意向登记表 | | | | | | | | | | | | | | | |
|  |  | |  | |  | | |  | |  | |  | |  | |
| **编号** | **日期** | | **捐赠单位/人** | | **物品名称** | | | **单位** | | **数量** | | **联系方式** | | **备注** | |
| 1 |  | |  | |  | | |  | |  | |  | |  | |
| 2 |  | |  | |  | | |  | |  | |  | |  | |
| 3 |  | |  | |  | | |  | |  | |  | |  | |
| 4 |  | |  | |  | | |  | |  | |  | |  | |
| 5 |  | |  | |  | | |  | |  | |  | |  | |
| 6 |  | |  | |  | | |  | |  | |  | |  | |
| 7 |  | |  | |  | | |  | |  | |  | |  | |
| 8 |  | |  | |  | | |  | |  | |  | |  | |
| 9 |  | |  | |  | | |  | |  | |  | |  | |
| 10 |  | |  | |  | | |  | |  | |  | |  | |
| 11 |  | |  | |  | | |  | |  | |  | |  | |
| 12 |  | |  | |  | | |  | |  | |  | |  | |
| 13 |  | |  | |  | | |  | |  | |  | |  | |
| 14 |  | |  | |  | | |  | |  | |  | |  | |
| 15 |  | |  | |  | | |  | |  | |  | |  | |

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| 附表8 | | | | | | | | | | | | |
| 上海市红十字备灾救灾中心 | | | | | | | | | | | | |
| 志愿者\*\*\*服务记录 | | | | | | | | | | | | |
|  |  | | |  | |  | |  | |  | |  | |
| **序号** | | **日期** | **姓名** | | **手机** | | **服务时间** | | **工作内容** | | **备注** | |
| 1 | |  |  | |  | |  | |  | |  | |
| 2 | |  |  | |  | |  | |  | |  | |
| 3 | |  |  | |  | |  | |  | |  | |
| 4 | |  |  | |  | |  | |  | |  | |
| 5 | |  |  | |  | |  | |  | |  | |
| 6 | |  |  | |  | |  | |  | |  | |
| 7 | |  |  | |  | |  | |  | |  | |
| 8 | |  |  | |  | |  | |  | |  | |
| 9 | |  |  | |  | |  | |  | |  | |
| 10 | |  |  | |  | |  | |  | |  | |
| 11 | |  |  | |  | |  | |  | |  | |
| 12 | |  |  | |  | |  | |  | |  | |
| 13 | |  |  | |  | |  | |  | |  | |
| 14 | |  |  | |  | |  | |  | |  | |
| 15 | |  |  | |  | |  | |  | |  | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 附表10 | | | | | | | | | | | | | | | | | | | | | | 上海市红十字备灾救灾中心 | | | | | | | | | | | | | | | | | | | | | | 物资收发（预）日报表 | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | |  | |  | |  | |  | |  | |  | |  | | | **1、物资入库情况：** | | | | |  | |  | |  | |  | | **截止日期:** | | **年 月 日** | | | | | | | **序号** | | | **类别** | | **物资名称** | | **单位** | | **数量** | | **明细数量（件）** | | **总价值** | | **捐赠方/供货人** | | **入库日期** | | **备注** | | | 1 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | 2 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | **合计** | | | | | | | | |  | |  | |  | |  | |  | |  | | | **2、物资发放情况：** | | | | |  | |  | |  | |  | |  | |  | |  | |  | | | **序号** | | | **类别** | | **物资名称** | | **单位** | | **数量** | | **明细数量** | | **总价值** | | **发放批次** | | **发放日期** | | **备注** | | | 1 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | 2 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | **合计** | | | | | | | | |  | |  | |  | |  | |  | |  | | | **制表人:** | |  | | | |  | | | **复核人:** | |  | |  | | **负责人:** | |  | |  | | |  | |  | | | |  | | |  | |  | |  | |  | |  | |  | | |

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| 附表11  物资信息反馈单   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 受助方 |  | | 联系人 |  | 联系电话 |  | | 物资发运 | 发放联系沟通 | □及时（80分以上） □一般（60分-80分） □误时（60分以下） | | | | | | 建议： | | | | | | 物资发放效率 | □ 快（80分以上） □一般（60分-80分） □拖沓（60分以下） | | | | | | 建议： | | | | | | 运输承运方式 | □满意（80分以上） □一般（60分-80分） □不满意（60分以下） | | | | | | 建议： | | | | | | 物资使用 | 接收物资质量 | □ 好（80分以上） □勉强接受（60分-80分） | | | | | | □损坏或过保质期（60分以下） | | | | | | 建议： | | | | | | 物资发放地区 | □灾民 □困难群众 □在库 □其它 | | | | | | 建议： | | | | | | 受助群众反映 | □ 好（80分以上） □一般（60分-80分） □ 差 （60分以下） | | | | | | 建议： | | | | | | 物资适用性 | □适用（80分以上） □一般（60分-80分） □不适用（60分以下） | | | | | | 建议： | | | | | | 总评 | | 贵单位对此次物资发放总的满意度  □满意（80分以上） □一般（60分-80分） □不满意（60分以下） | | | | | | 备注  注 |  | | | | | |   月 日  日      受助方盖章：  年 月 日   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 附表12 | | | | | | | | 上海市红十字备灾救灾中心 | | | | | | | | 应急接收站工作人员值班表 | | | | | | | | **日期** | **时间** | **组别** | **值班人** | **应急发运职务** | **直线电话** | **手机号码** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |