臨床試驗醫療器材溫溼度紀錄表

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| 日期 | 時間 | 溫度(℃)  高/低 | 濕度(%)  高/低 | 紀錄人員  簽名 |  | 日期 | 時間 | 溫度(℃)  高/低 | 濕度(%)  高/低 | 紀錄人員  簽名 |
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※紀錄人員每日記錄溫度與濕度之最高及最低數值並簽名。