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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **附表1： 2019年度淮安市建设工程质量检测机构情况调查表** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 检测机构 （公章） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 机构名称 |  | | | | | | | | 机构性质 | | | | | | |  | | | | | | | | | | | |
| 详细地址 |  | | | | | | | | 邮 编 | | | | | | |  | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | 传真号码 | | | | | | |  | | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | | 网 址 | | | | | | |  | | | | | | | | | | | |
| 法定代表人 |  | | | | 职务、职称 | | | | |  | | | | | | 电话/手机号码 | | | | | | |  | | | | |
| 机构负责人 |  | | | | 职务、职称 | | | | |  | | | | | | 电话/手机号码 | | | | | | |  | | | | |
| 技术负责人 |  | | | | 职称 | | | | |  | | | | | | 电话/手机号码 | | | | | | |  | | | | |
| 质量负责人 |  | | | | 职称 | | | | |  | | | | | | 电话/手机号码 | | | | | | |  | | | | |
| 联 系 人 |  | | | | 职务 | | | | |  | | | | | | 电话/手机号码 | | | | | | |  | | | | |
| 资质备案 | 首次获得资质时间 | | | |  | | | | | | | | 资质证书编号 | | | | | | | |  | | | | | | |
| 首次备案时间 | | | |  | | | | | | | | 备案证书编号 | | | | | | | |  | | | | | | |
| 是否有工程质量鉴定资质 | | | |  | | | | | | | | 鉴定资质证书编号 | | | | | | | |  | | | | | | |
| 检测项目 | 类别 | | | | 类别数（个） | | | | | | 类别序号 | | | | | | 项目数（个） | | | | | | | | 项目参数数（个） | | |
| 见证取样类 | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | |
| 专项类 | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | |
| 备案类 | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | |
| 合计 | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | |
| 其它认证 | 国家实验室认可证号 | | | |  | | | | | | | 国家检查机构认可证号 | | | | | | |  | | | | | | | | |
| 计量认证号 | | | |  | | | | | | | 其它认证 | | | | | | |  | | | | | | | | |
| 人员情况 | 年末总人数（人） | | | |  | | 专业技术人员数（人） | | | | | | | |  | | | | 持证人数（人） | | | | | | | |  |
| 其中 | 高级职称人数（人） | | |  | | 中级职称人数（人） | | | | | | | |  | | | | 初级职称人数(人) | | | | | | | |  |
| 材料类持证数(本) |  | | | 地基类持证数（本） | | | | | |  | | | 综合类（本） | | | | |  | | | | 其它类（人） | | |  |
| 试验场所 | 试验场所总面积（平方米） | | |  | | | | 其中分支机构面积（平方米） | | | | | | | | | |  | | | | | | | | | |
| 分支机构数（个） | | |  | | | | 分支机构地点 | | | | | |  | | | | | | | | | | | | | |
| 仪器设备总台（套）数 | | |  | | | | 仪器设备固定资产原值（万元） | | | | | | | | | | | | | |  | | | | | |
| 机构用房总面积（平方米） | | |  | | | | 其中：产权 （平方米），租赁 （平方米） | | | | | | | | | | | | | | | | | | | |
| 经营情况 | 年营业收入（万元） | | | 营业总收入 | | | |  | | | | | | | 年上缴税收（万元） | | | | | | | | | | |  | |
| 检测收入 | | | |  | | | | | | | 检测上缴税收（万元 | | | | | | | | | | |  | |
|  | 年税后净利润（万元） | | |  | | | | | | | | | | | 固定资产原值（万元） | | | | | | | | | | |  | |
| 获奖荣誉、专利、科技创新 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 机构负责人（签名）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表人\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表日期\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |