附件3

2024年省级技能大师工作室建设情况汇总表

设区市（盖章） 时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **技能大师工作室名称** | **领办人姓名** | **职业（工种）** | **出生年月** | **考核项目**  **单位：分** | | | | | | | | | **考核得分（100）** | **备注** |
| **工作场所建设（5）** | **设施设备情况（10）** | **工作**  **制度（10）** | **工作室日常工作（10）** | **创新创优情况（20）** | **经济社会效益（10）** | **每年带徒人数（20）** | **社会服务（5）** | **单位支持（10分）** |
|
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |