**附表2-3**

**无损检测人员统计情况——甲类**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 核准  项目 | RTⅢ | UTⅢ | MTⅢ | PTⅢ | AEⅢ | RTⅡ | UTⅡ | MTⅡ | PTⅡ | AEⅡ | TOFDⅡ | ECTⅡ | PAⅡ | MFLⅡ |
| 实有  人数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GJ1 | 5 | 5 | 5 | 5 |  | 8 | 8 | 8 | 8 |  | 5 |  |  |  |
| GJ2 | 2 | 2 | 2 | 2 |  | 4 | 4 | 4 | 4 |  | 2 |  |  |  |
| RJ1 | 2 | 2 | 2 | 2 |  | 4 | 4 | 4 | 4 |  |  |  |  |  |
| RJ2 | 2 | 2 | 2 | 2 |  | 4 | 4 | 4 | 4 |  |  |  |  |  |
| DJ1 |  |  |  |  |  | 4 | 4 | 4 | 4 |  |  |  |  |  |
| DJ2 | 2 | 2 | 2 | 2 |  | 4 | 4 | 4 | 4 |  |  |  |  |  |
| DJ3 |  |  |  |  |  | 4 | 4 | 4 | 4 |  |  |  |  |  |
| GD1 | 5 | 5 | 5 | 5 |  | 15 | 15 | 15 | 15 |  | 4 |  |  |  |
| GD2 | 2 | 2 | 2 | 2 |  | 4 | 4 | 4 | 4 |  |  |  |  |  |
| GD3 | 1 | | 1 | |  | 2 | 2 | 2 | 2 |  |  |  |  |  |
| RD1 | 2 | 2 | 2 | 2 |  | 4 | 4 | 4 | 4 |  | 2 |  |  |  |
| RD2 | 1 | | 1 | |  | 2 | 2 | 2 | 2 |  | 2 |  |  |  |
| RD3 |  |  |  |  |  | 2 | 2 | 2 | 2 |  |  |  |  |  |
| RD4 |  | 3 | 3 | 3 | 3 |  | 8 | 8 | 8 | 8 |  |  |  |  |
| RD5 | 1 | 1 | 1 | 1 |  | 4 | 4 | 4 | 4 |  | 2 |  |  |  |
| RD6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DD1 | 2 | 2 | 2 | 2 |  | 8 | 8 | 8 | 8 |  |  |  |  | 6注1 |
| DD2 | 1 | | 1 | |  | 2 | 2 | 2 | 2 |  |  |  |  |  |
| DD3 | 1 | | 1 | |  | 2 | 2 | 2 | 2 |  |  |  |  |  |
| RBI | 4 | 4 | 4 | 4 | 1 | 8 | 8 | 8 | 8 | 4 | 4 | 4 | 4 |  |
| QJ1 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| SJ1 |  |  |  |  |  |  | 4 | 4 | |  |  |  |  |  |
| SJ2 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| YJ1 |  |  |  |  |  |  | 8 | 8 | |  |  |  |  |  |
| YJ2 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| QD1 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| QD2 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| QD3 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| SD1 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| SD2 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |
| YD1 |  |  |  |  |  |  | 8 | 8 | |  |  |  |  |  |
| YD2 |  |  |  |  |  |  | 2 | 2 | |  |  |  |  |  |

|  |
| --- |
| 申请机构承诺：作为机构负责人，郑重承诺：本单位对上述所填写信息的真实性、有效性、完整性负责。  申请机构负责人： (公章)  年 月 日 |

注1：含内检测时要求。