观 察 项（建议项） 报 告

|  |  |  |  |
| --- | --- | --- | --- |
| **受审核方** | | **遂宁市蓝盾有害生物防治有限公司** | |
| **审核领域及类型** | | **■QMS****□50430****■EMS****■OHSMS****□EnMS****□**FSMS **□**HACCP  **□初审□第( )阶段审核****□再认证****■监督（****二）次□证书转换****□特殊审核□其他** | |
| **序号** | **观察项（建议项）描述** | | **备注** |
|  | **无** | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |