**观 察 项（建议项） 报 告**

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| **受审核方** | | **桐庐精锐医疗器械有限公司** | |
| **审核领域及类型** | | **□QMS****□50430****■EMS****■OHSMS****□EnMS****□**FSMS **□**HACCP  **■初审□第( 二 )阶段审核****□再认证****□监督（****）次□证书转换****□特殊审核□其他** | |
| **序号** | **观察项（建议项）描述** | | **备注** |
| **1** | **对内审的有效性需得到重视和提升** | |  |
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