观 察 项（建议项） 报 告

|  |  |
| --- | --- |
| **受审核方** | **江西万佳保险设备有限公司** |
| **审核领域及类型** | **■QMS****□50430****■EMS****□OHSMS****Q:监查1,E:监查1** |
| **序号** | **观察项描述** | **备注** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |