观 察 项（建议项） 报 告

|  |  |  |  |
| --- | --- | --- | --- |
| **受审核方** | | **珙县东顺运业有限公司** | |
| **审核领域及类型** | | **■QMS****■EMS****■OHSMS**  **职业健康安全管理体系：初次认证第（二）阶段**  **质量管理体系：初次认证第（二）阶段**  **环境管理体系：初次认证第（二）阶段** | |
| **序号** | **观察项（建议项）描述** | | **备注** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |