观 察 项（建议项） 报 告

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| **受审核方** | | **泉州市爱乐卫生用品有限公司** | |
| **审核领域及类型** | | **□QMS****□50430****■EMS****□OHSMS**  **监查1** | |
| **序号** | **观察项描述** | | **备注** |
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