观 察 项（建议项） 报 告

|  |  |
| --- | --- |
| **受审核方** | **成都市海通药业有限公司** |
| **审核领域及类型** | **□QMS****■EMS****□OHSMS****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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |