观 察 项（建议项） 报 告

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| **受审核方** | | **成都爱天使健康咨询有限公司** | |
| **审核领域及类型** | | **■QMS****□EMS****□OHSMS**  **质量管理体系：初次认证第（二）阶段** | |
| **序号** | **观察项（建议项）描述** | | **备注** |
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