附件2

标准征求意见反馈表

| 联系人  信息 | | 姓名 | |  | 联系电话 |  | 电子邮箱 | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 工作单位及通信地址 | | |  | | | | |
| 标准名称： 反馈时间 年 月 日 | | | | | | | | | |
| 序号 | 章节编号 | | 意见或建议 | | | | | 理由 | |
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|  |  | | （若意见超过一页，请自行续页） | | | | |  | |

请将意见反馈表返回至邮箱地址：CNSstandard@163.com。