附件3

贵州省食品安全地方标准征求意见反馈表

征求意见标准称：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 |  | | | | |
| 单位联系人/  专家姓名 |  | 通信  地址 |  | 邮编 |  |
| 专家职称、职务 |  | 联系  电话 |  | E-mail |  |
| 章条编号 | 修改建议 | | 修改理由 | | |
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单位（公章）：

个人（签名）：