附件2

团体标准《\*\*\*\*\*》征求意见反馈表

专家姓名/单位名称：

| **序号** | **章节/条文号** | **意见或建议** | **主要理由** | **备注** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
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| 8 |  |  |  |  |
| 9 |  |  |  |  |

**填表日期： 联 系 人： 联系电话： E-mail ：**