**附件4**

**漯河市食品安全协会团体标准征求意见反馈表**

标准名称： 征求意见时间：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 意见提出单位或个人 | | | |  | | | |
| 联系人 | |  | | | 联系电话 | |  |
| 邮箱 | |  | | | 填报时间 | |  |
|  | | | | | | | |
| 序号 | 章条号 | | 修改建议 | | | 理由及依据 | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
| 单位盖章或个人签字  年 月 日 | | | | | | | |

备注：可附页