《工作相关肌肉骨骼疾患工效学风险评估指南》征求意见汇总处理表

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|  |  | 年 月 日填写 |

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| **序号** | **提出单位** | **姓名** | **职称** | **标准章条编号** | **意见及建议** | **采纳与否及理由** |
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