附件5

**团体标准征求意见反馈表**

**单位： 联系电话： 邮箱地址： 填表人：**

|  |  |  |  |
| --- | --- | --- | --- |
| 序号 | 章条号 | 修改建议 | 修改理由 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |