附件15

**《XXXXXXXXXXX》（征求意见稿）**

**反馈意见表**

|  |  |
| --- | --- |
| **单位名称** |  |
| **专家姓名** |  | **职务职称** |  |
| **通信地址** |  | **邮编** |  |
| **联系电话** |  | **电子邮箱** |  | **审查日期** |  |
| **标准章条****编号** | **原文** | **修改意见和建议** | **理由及依据** |
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|  |  |  |  |
| **其他意见建议** |
| 1 |  |
| 2 |  |

(此表可加页)