附件3

小微企业质量管理体系认证提升行动工作统计表

报送单位： 联系电话：

|  |  |  |  |  |  |  |  |  |
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| **序号** | **地区** | **市场监管部门出动人员（人/次）** | **走访企业****（家数）** | **向企业宣传质量管理体系政策法规****（家/次）** | **指导企业学习质量管理体系知识（家/次）** | **组织企业培训，含试点小微企业培训（人/次）** | **试点小微企业（家数）** | **备注** |
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