附件1

食品、食品添加剂生产许可现场核查

首次会议签到表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 申请人名称 |  | | | | | |
| 会议时间 | 年   月   日   时   分至   时   分 | | | | | |
| 会议地点 |  | | | | | |
| 核查组 | 组长 | | |  | | |
| 成员 | | |  | | |
| 观察员 | | |  | | |
| 申请人参加首次会议的人员签名 | | | | | | |
| 签名 | | | 职务 | | 签名 | 职务 |
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| 备注 | |  | | | | |