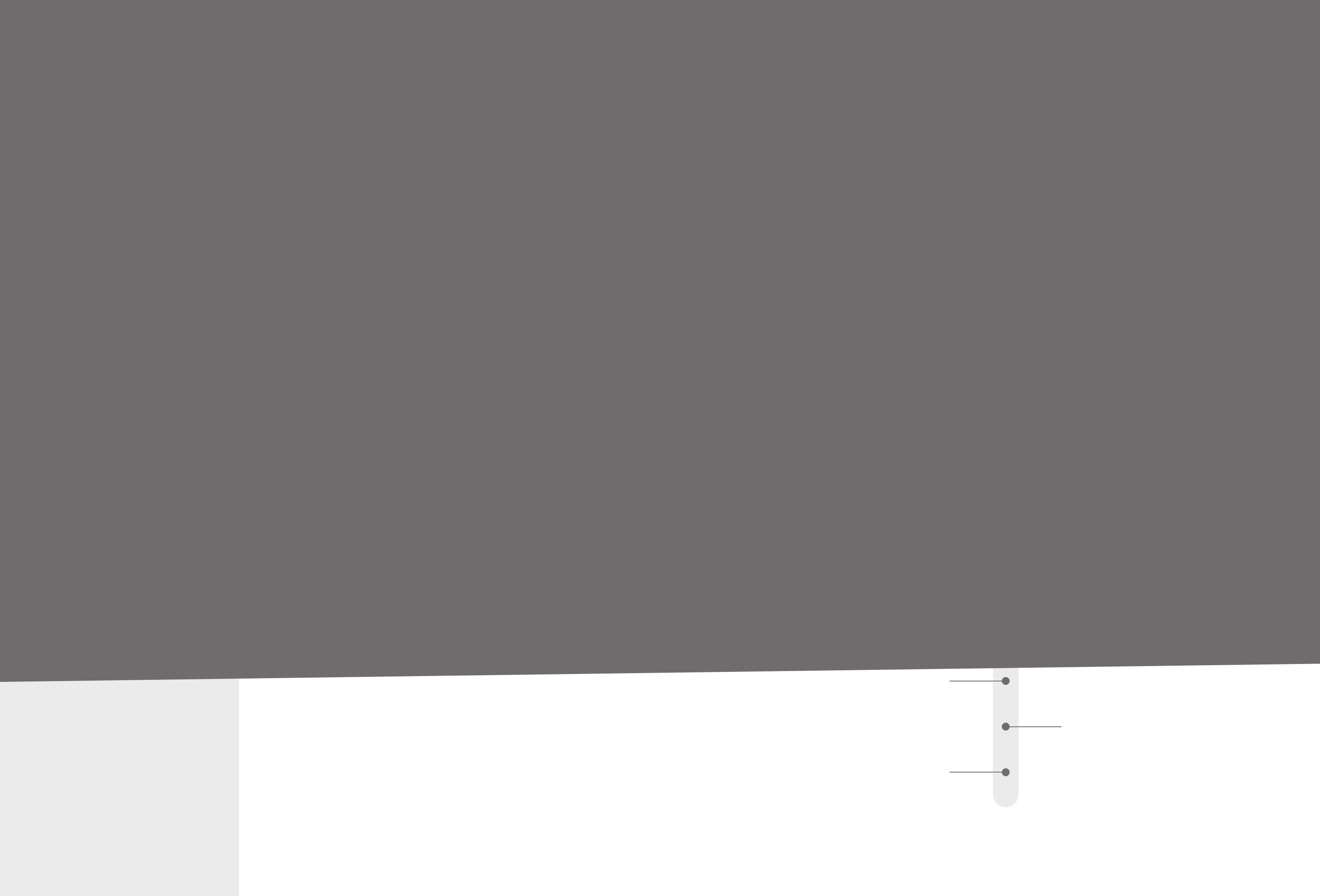




中国建筑材料集团有限公司

社会责任报告









Handwritten signature in black ink, appearing to read "Wang".



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1

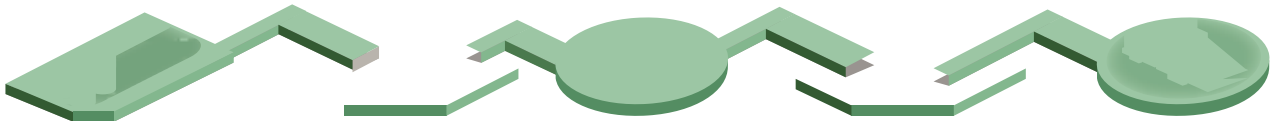
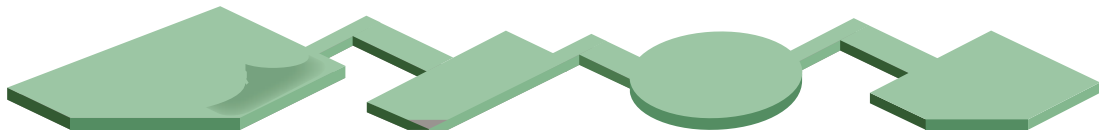
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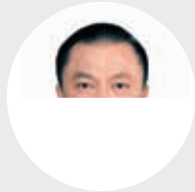
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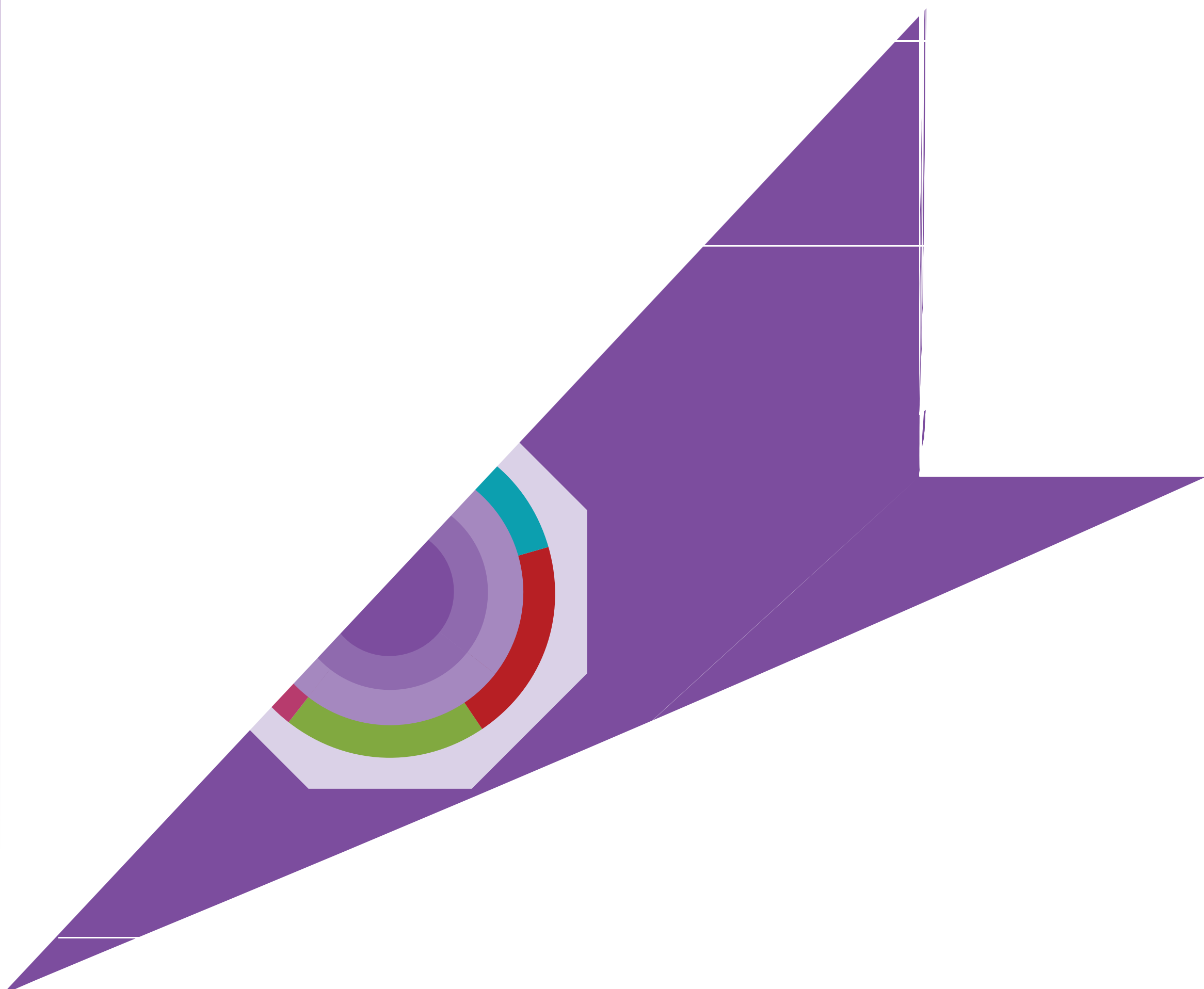
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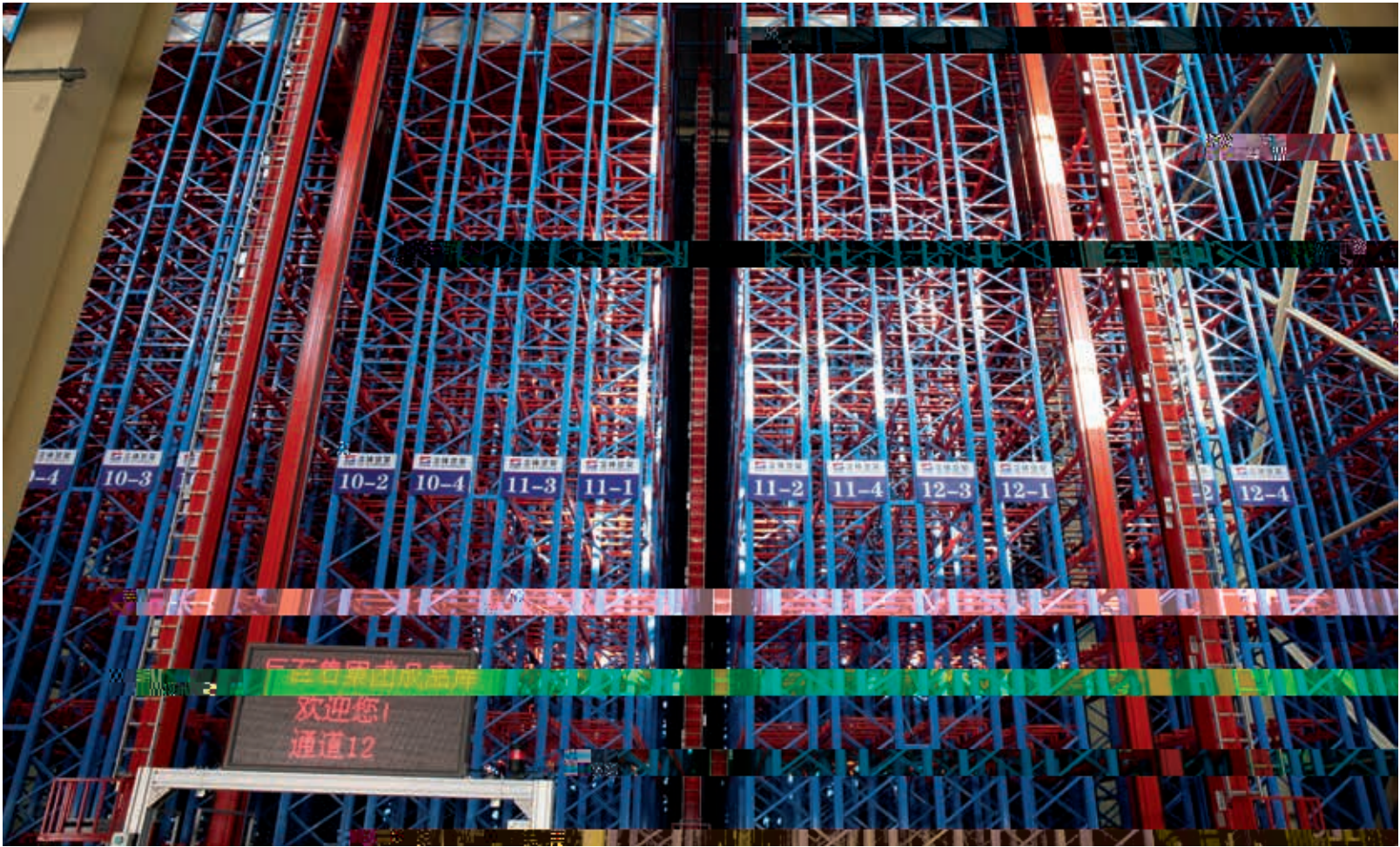






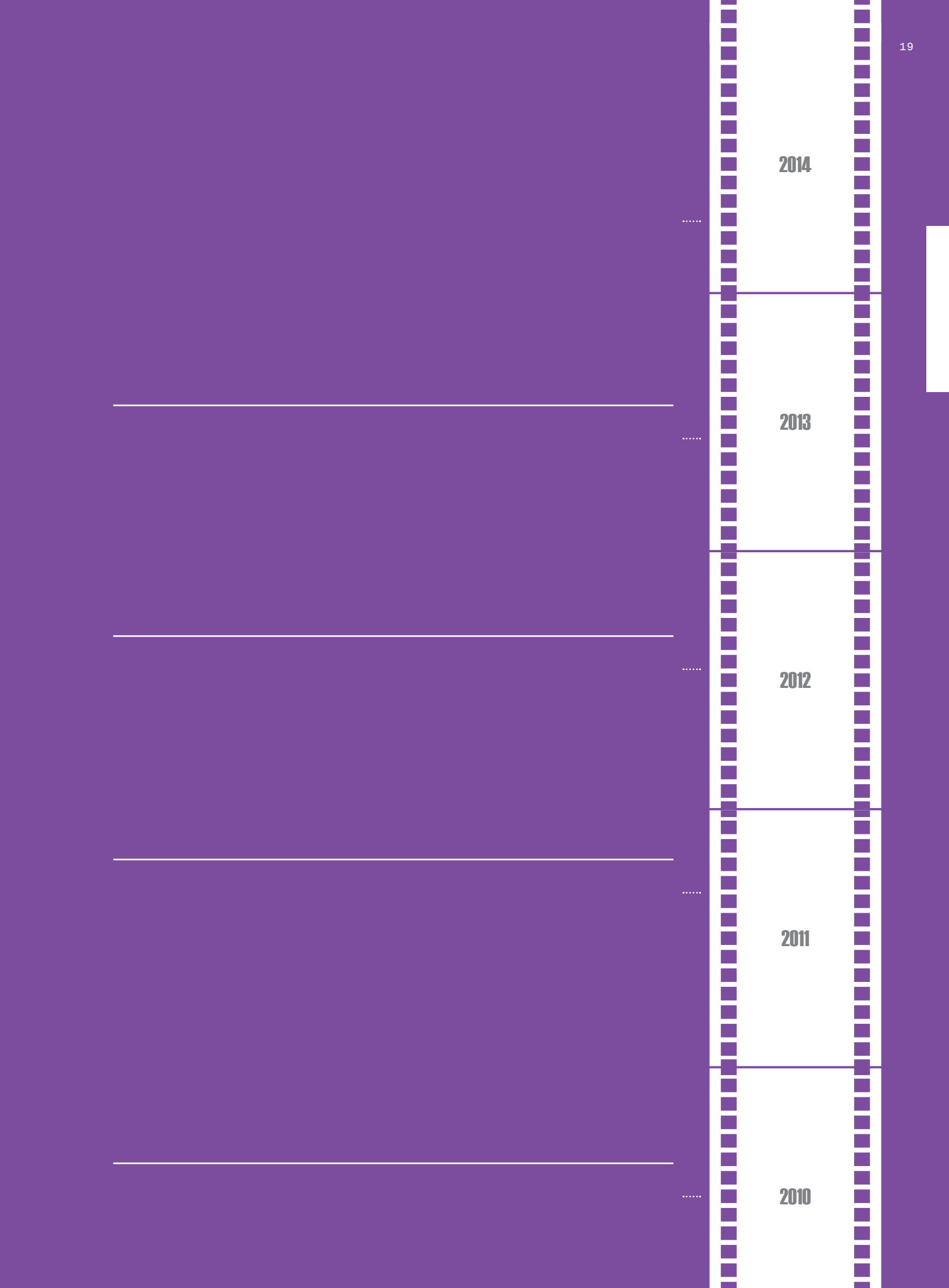
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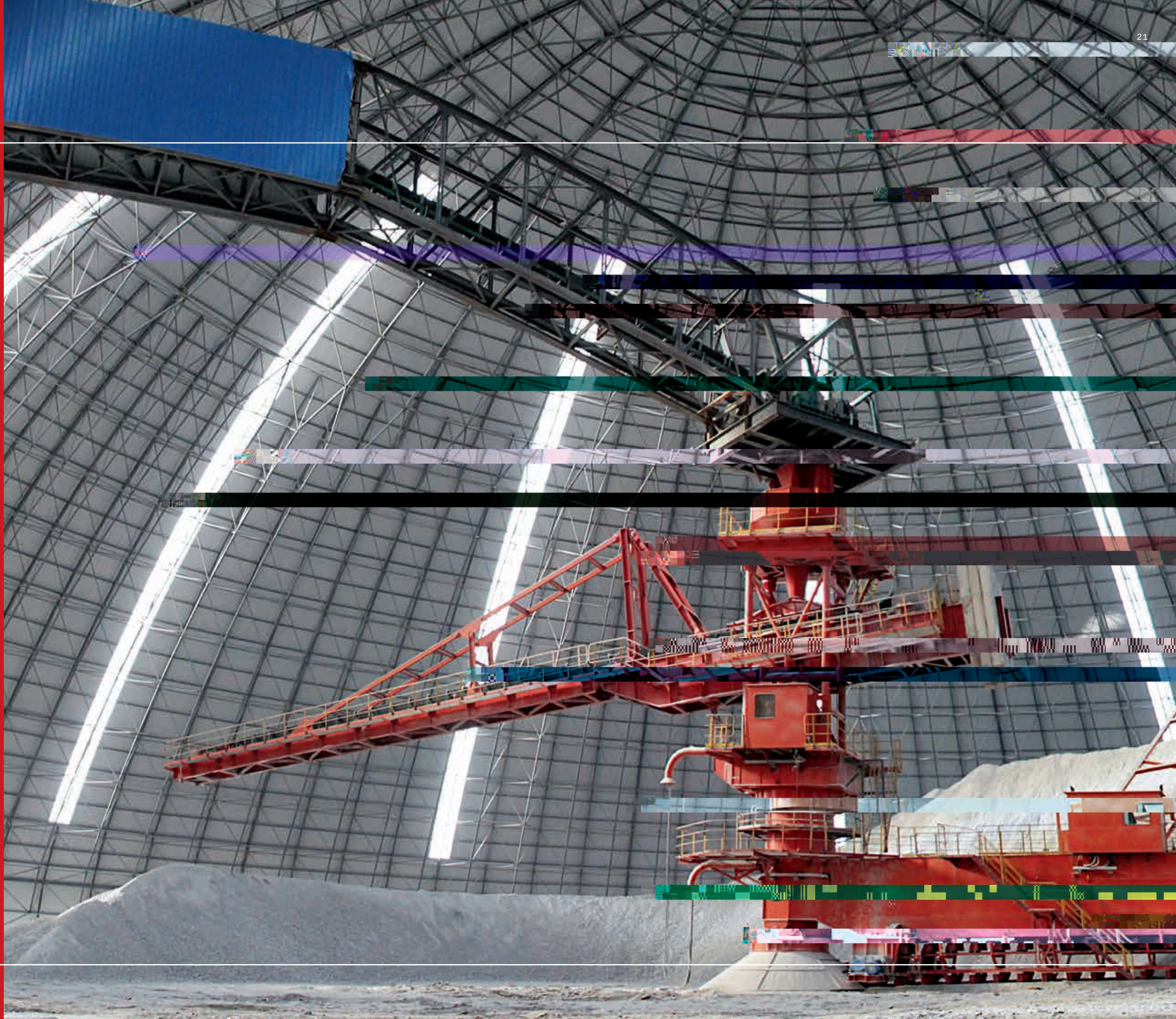
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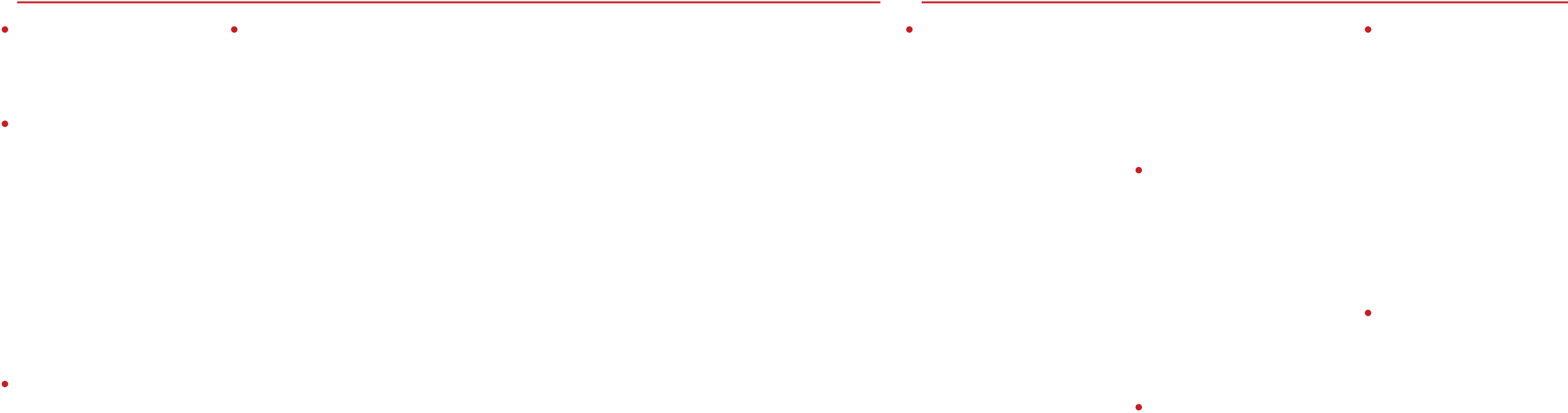
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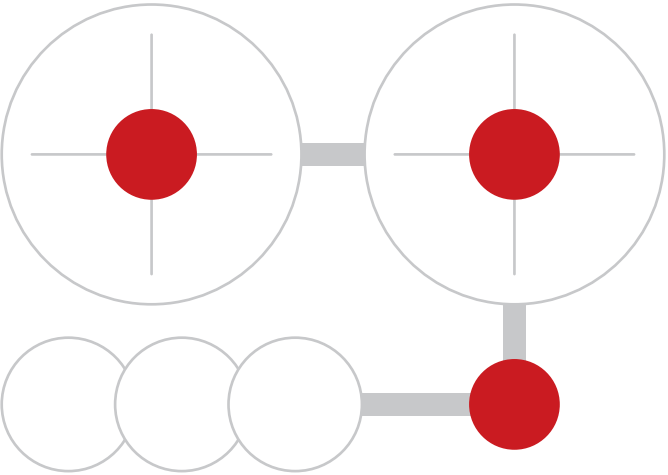
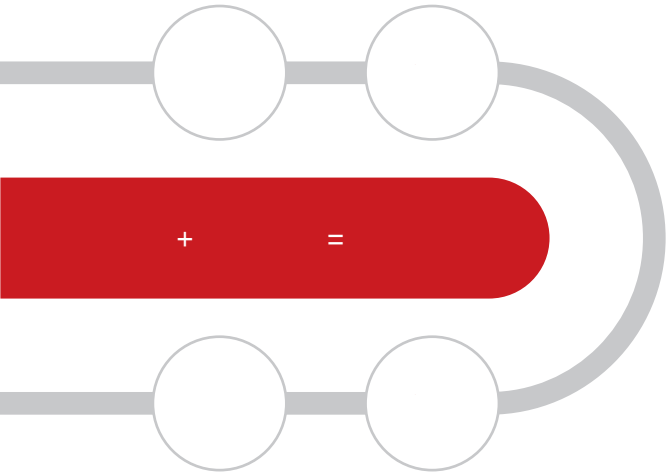




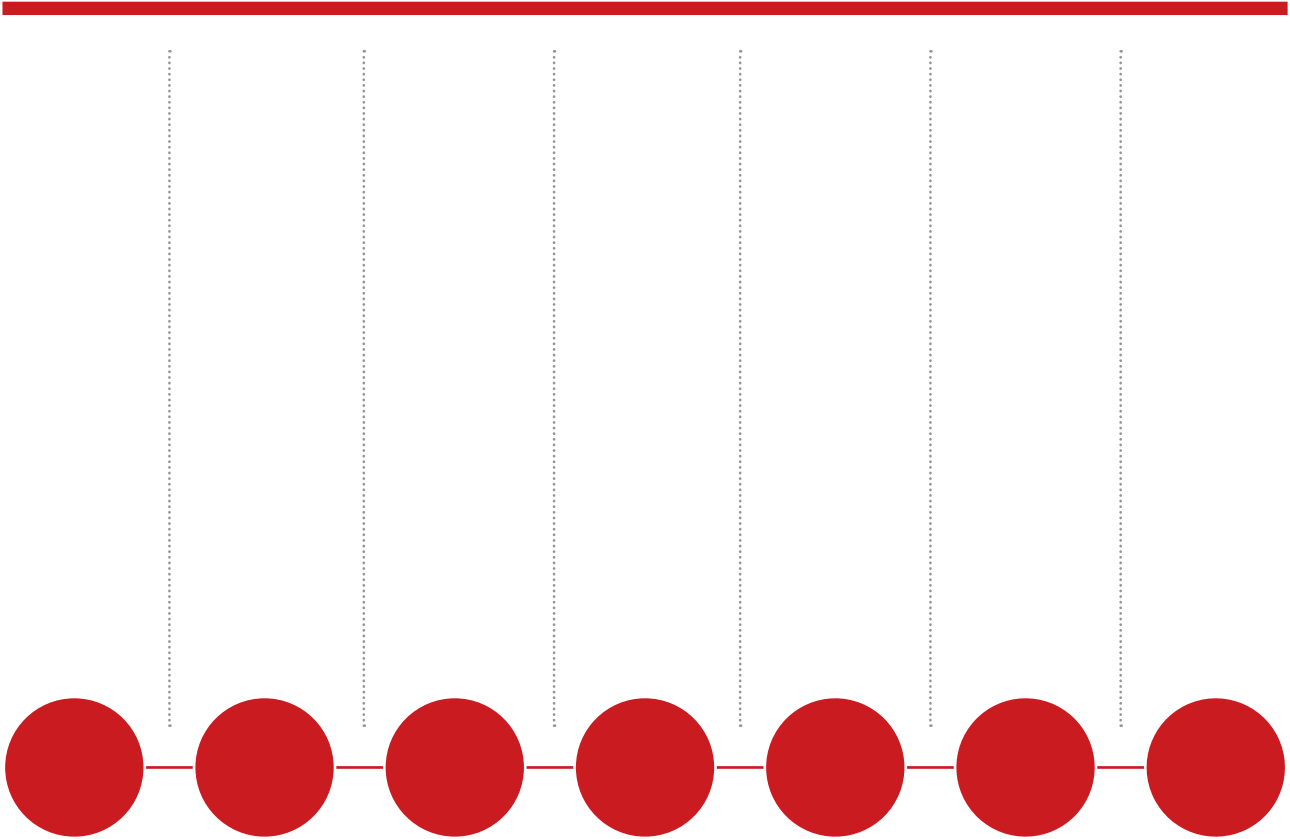


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130.1
146.4





10.9





57.7
289.9
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7.3

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13.1

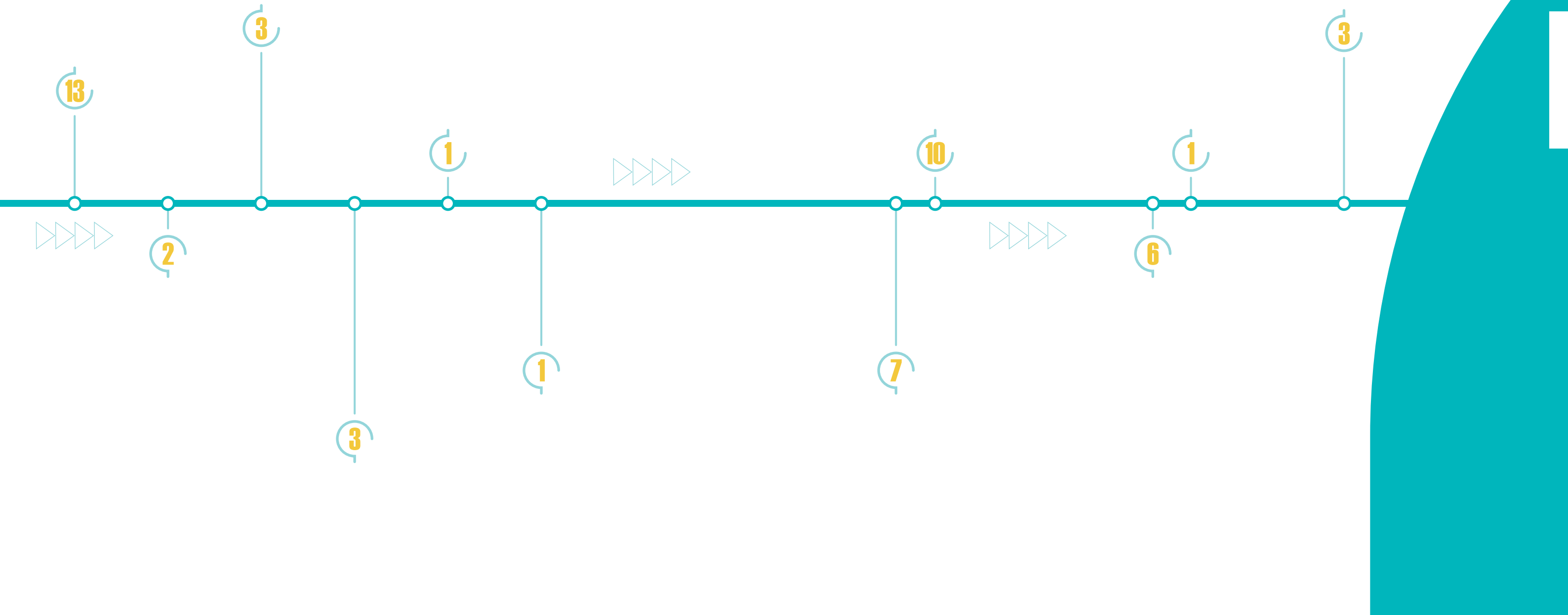




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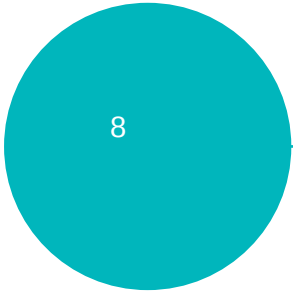
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349







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4.2

27

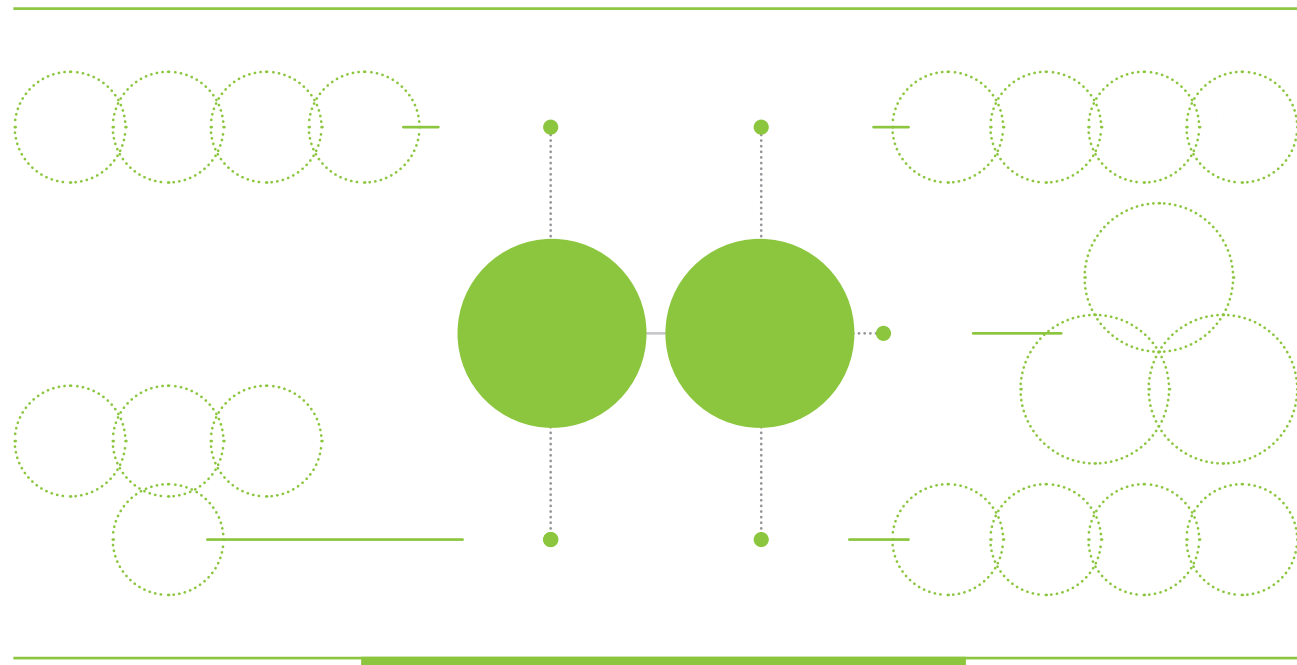


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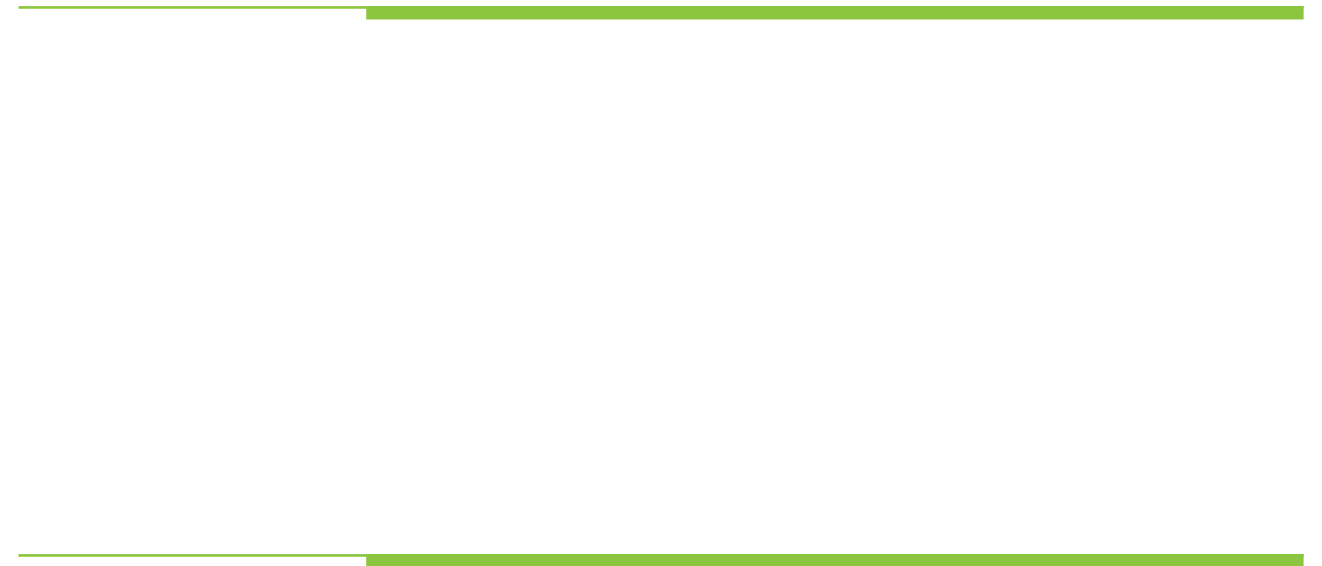
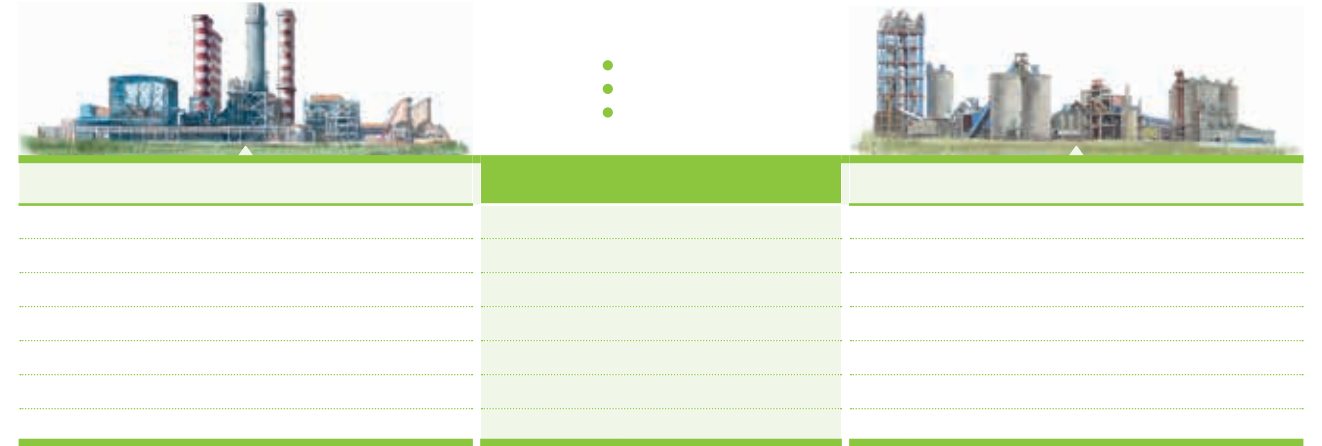
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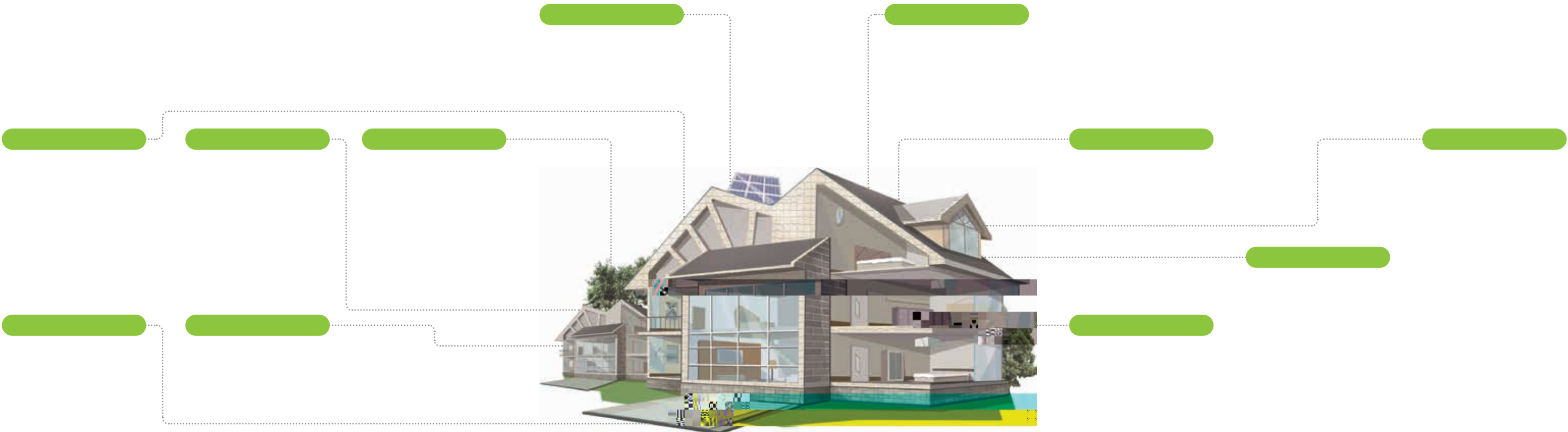
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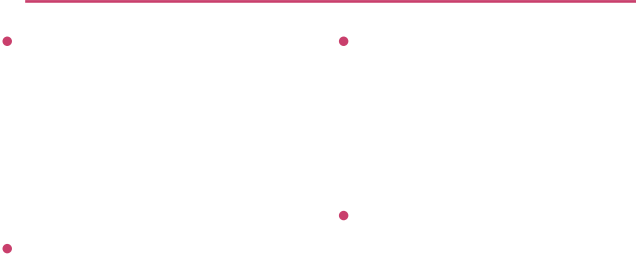
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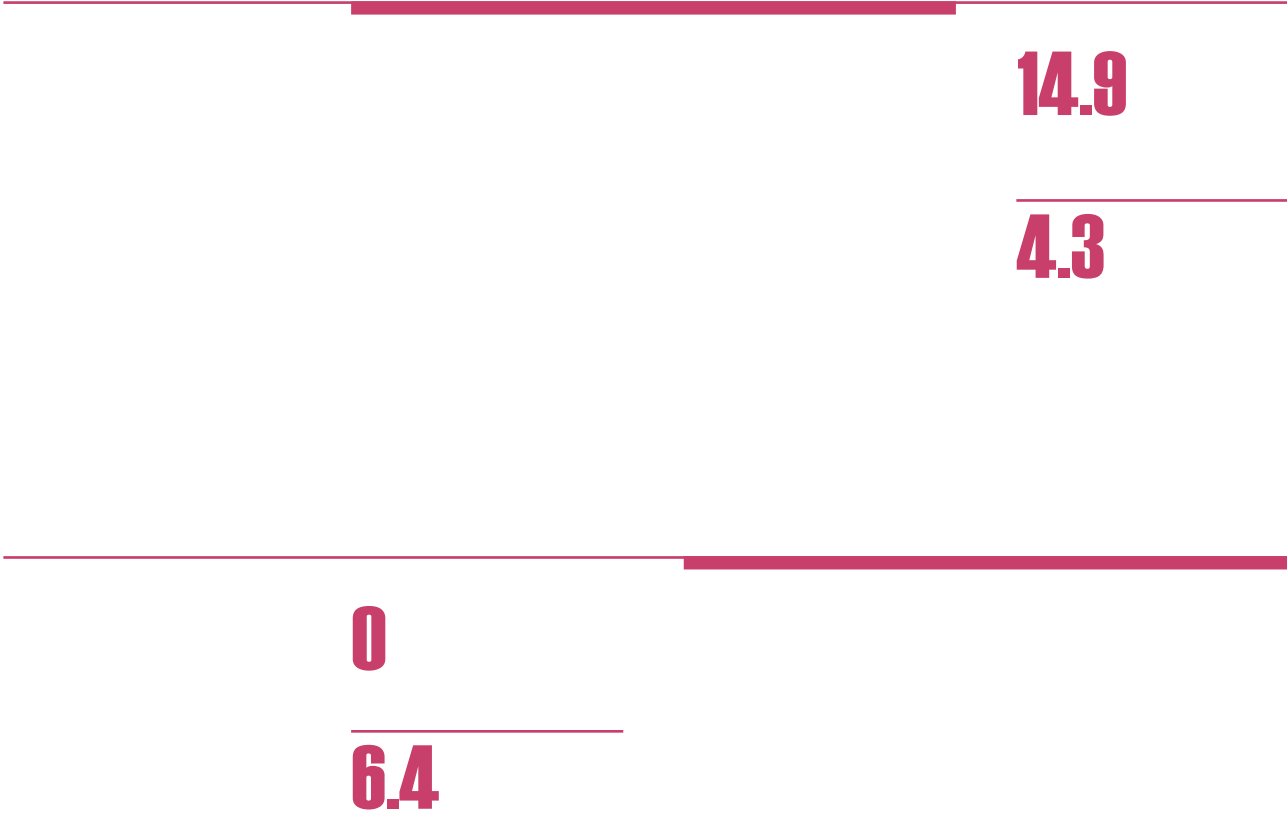




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90.6
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3.6

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9668

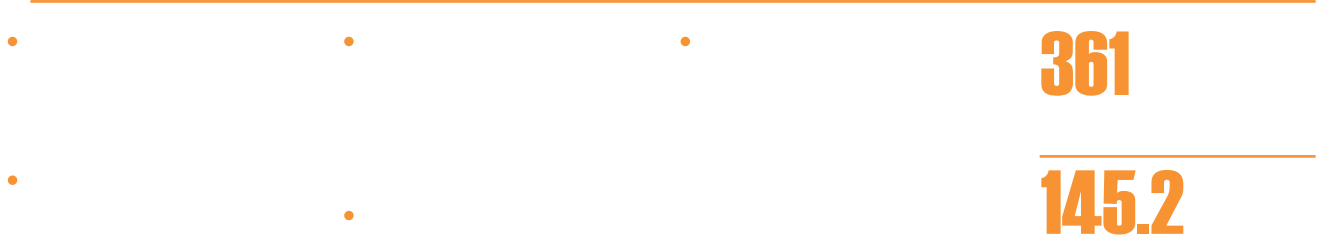
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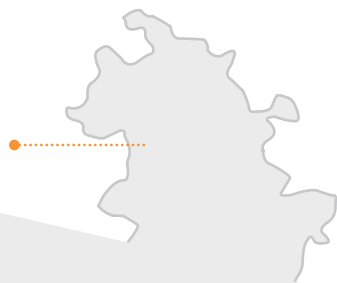
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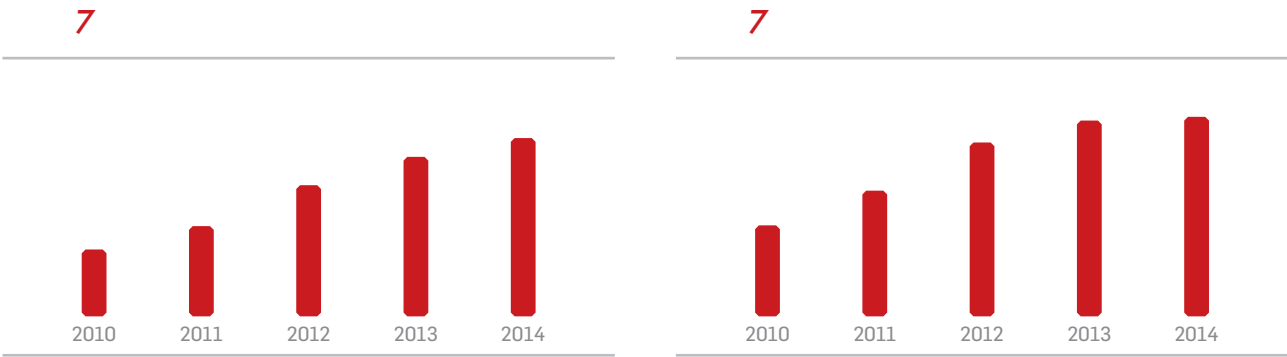
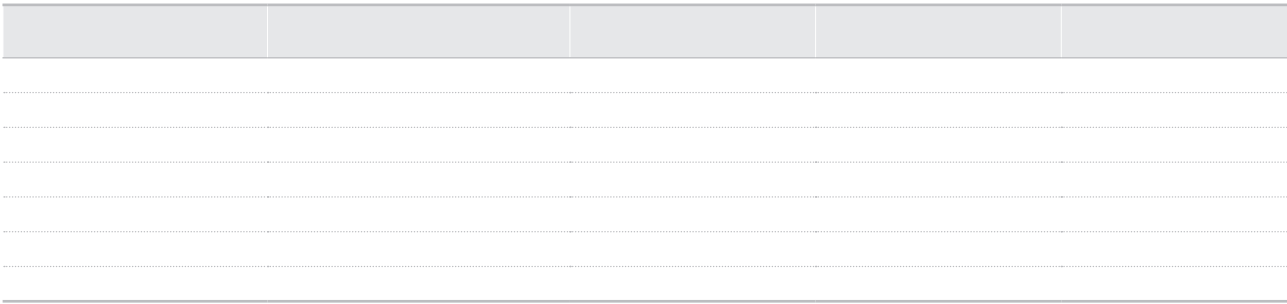
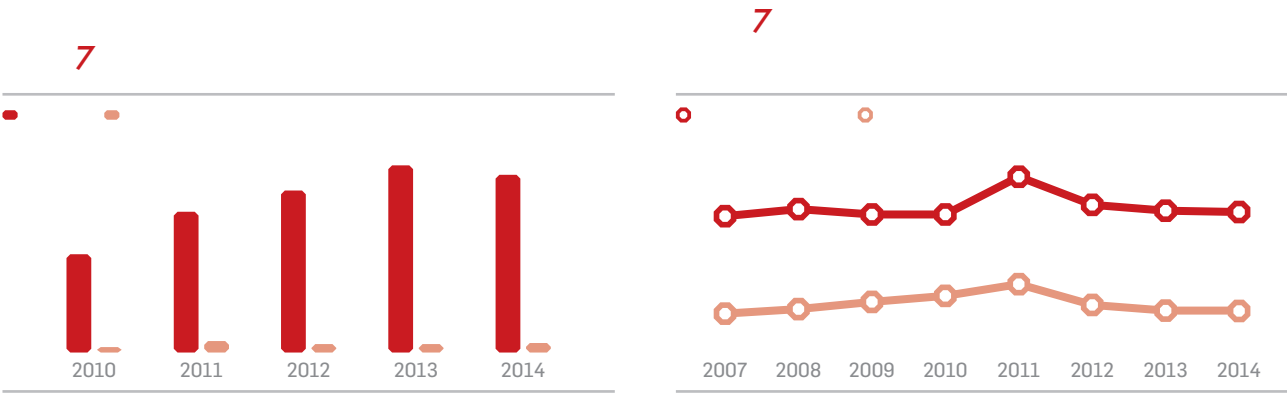
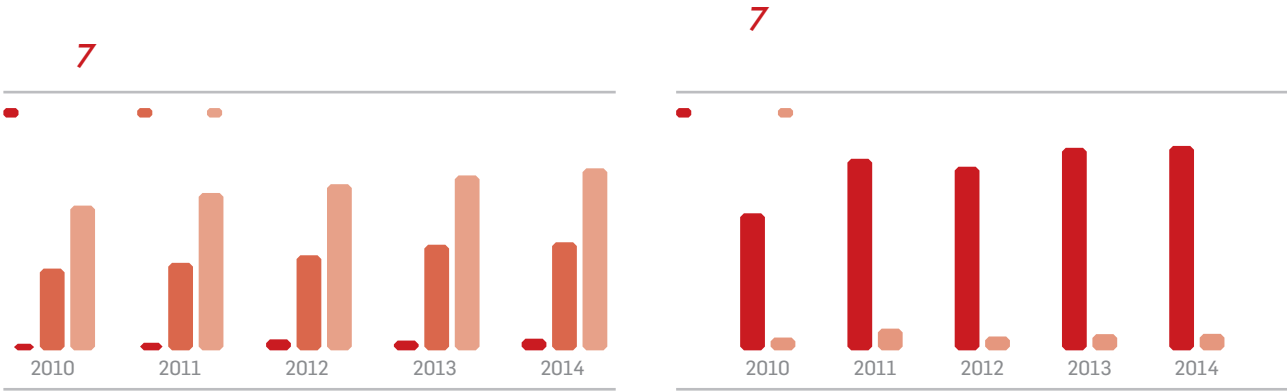
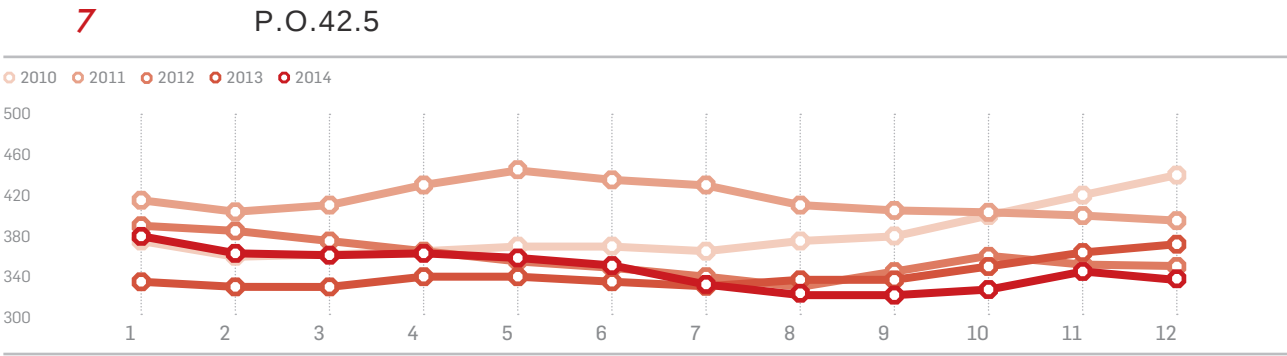
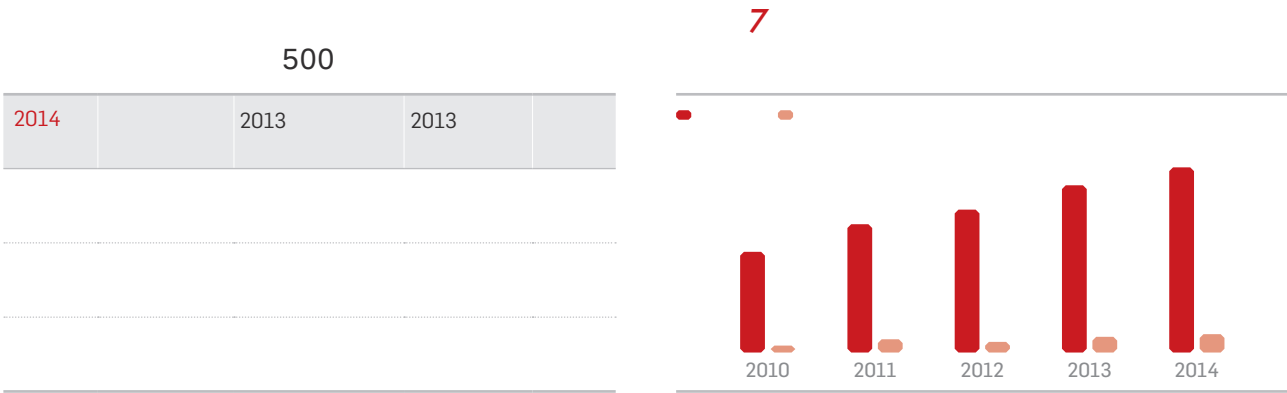


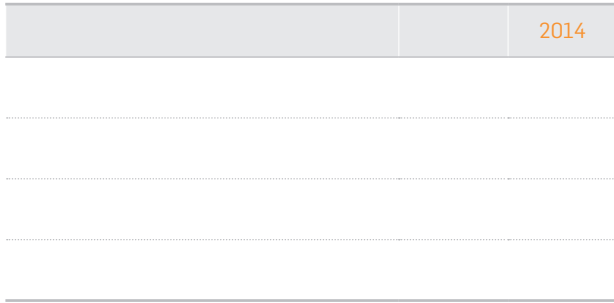
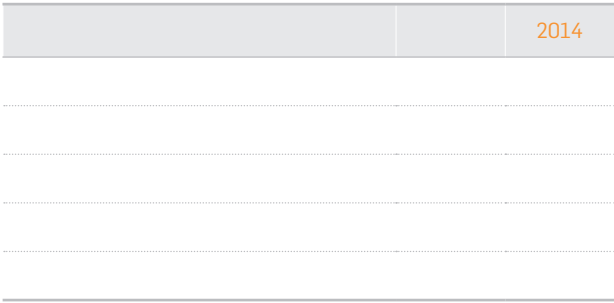
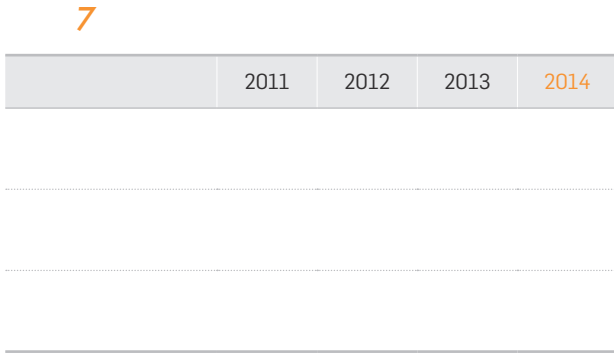
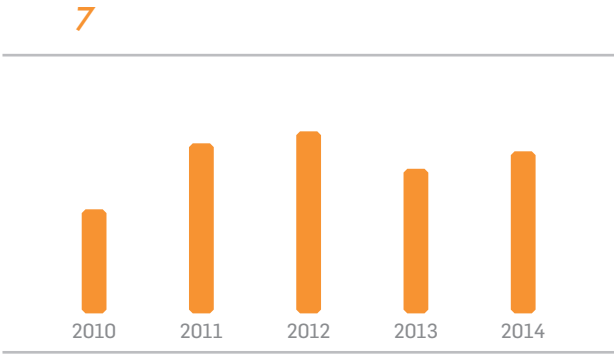
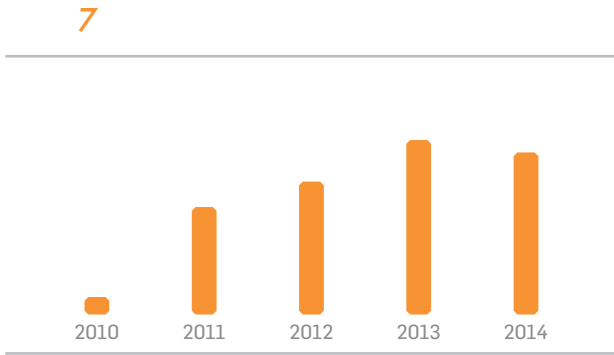
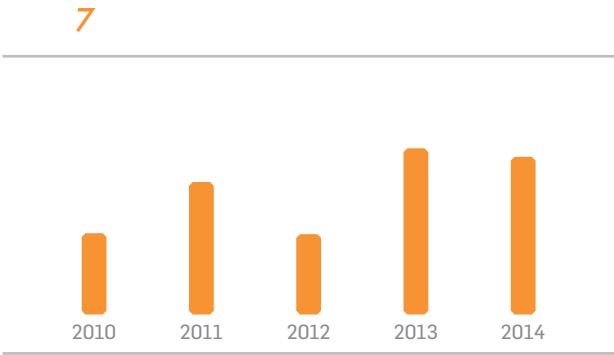
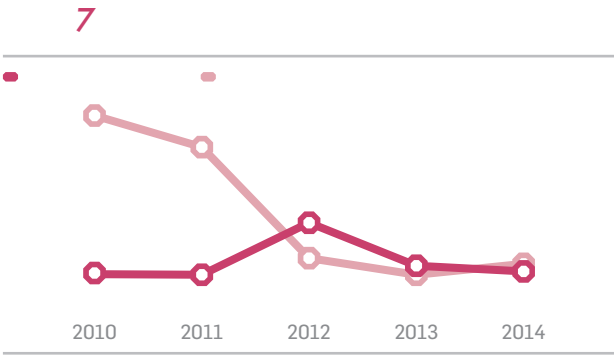
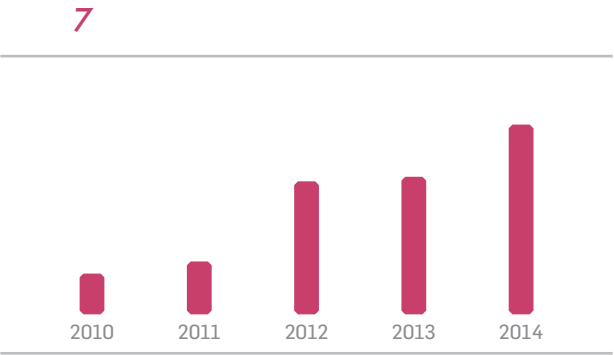
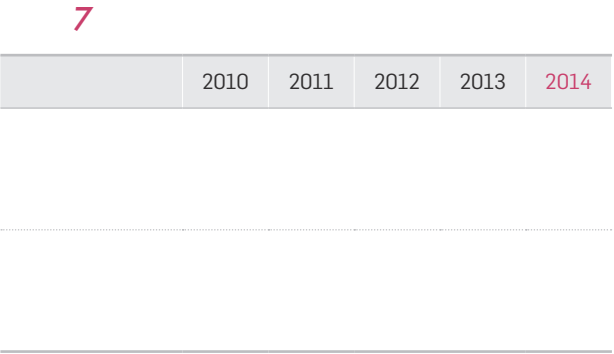
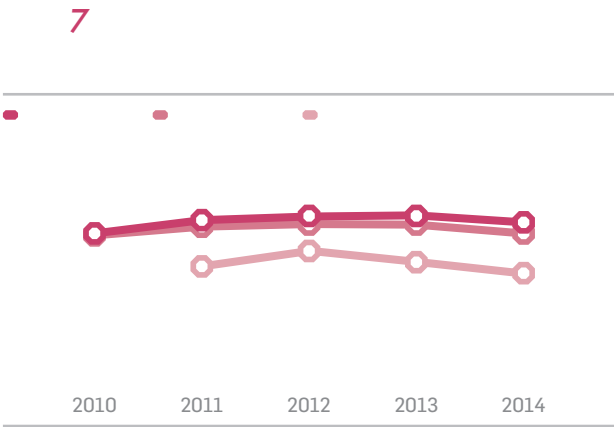
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CASS - CSR3.0)

[illegible][illegible]

Section 1: Personal Information	
Full Name	
Date of Birth	
Gender	
Marital Status	
Current Address	
Phone Number	
Email Address	
Section 2: Employment History	
Company Name	
Job Title	
Start Date	
End Date	
Reason for Leaving	
Salary (Annual)	
Supervisor's Name	
Supervisor's Phone	
Supervisor's Email	
Section 3: Education	
School Name	
Degree	
Major	
Minor	
Graduation Date	
GPA	
Thesis Title	
Thesis Advisor	
Thesis Advisor's Phone	
Thesis Advisor's Email	
Section 4: Skills and Interests	
Technical Skills	
Soft Skills	
Interests	
Volunteer Experience	
References	
Reference Name	
Reference Title	
Reference Phone	
Reference Email	
Reference Address	
Reference Date	
Reference Comment	
Signature	
Date	
Printed Name	
Address	
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Country	
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Email	
Website	
LinkedIn	
GitHub	
Portfolio	
Resume	
Cover Letter	
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Address	

Section 1: General Information	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Email: _____	
Date: _____	
Section 2: Personal History	
Date of Birth: _____	
Place of Birth: _____	
Marital Status: _____	
Education: _____	
Occupation: _____	
Previous Medical History: _____	
Current Medications: _____	
Allergies: _____	
Family History: _____	
Social History: _____	
Mental Health History: _____	
Substance Use History: _____	
Section 3: Physical Examination	
Vital Signs: _____	
General Appearance: _____	
Head and Neck: _____	
Chest and Lungs: _____	
Heart and Circulation: _____	
Abdomen: _____	
Musculoskeletal: _____	
Neurological: _____	
Skin: _____	
Section 4: Laboratory and Diagnostic Tests	
Blood Tests: _____	
Urine Tests: _____	
Imaging Studies: _____	
Other Tests: _____	
Section 5: Treatment and Management	
Diagnosis: _____	
Treatment Plan: _____	
Follow-up: _____	
Patient Education: _____	
Section 6: Summary and Notes	
Summary: _____	
Notes: _____	
Section 7: Signature and Date	
Physician Signature: _____	
Date: _____	
Section 8: Patient Consent	
Patient Signature: _____	
Date: _____	
Section 9: Additional Information	
Other: _____	



大良造

