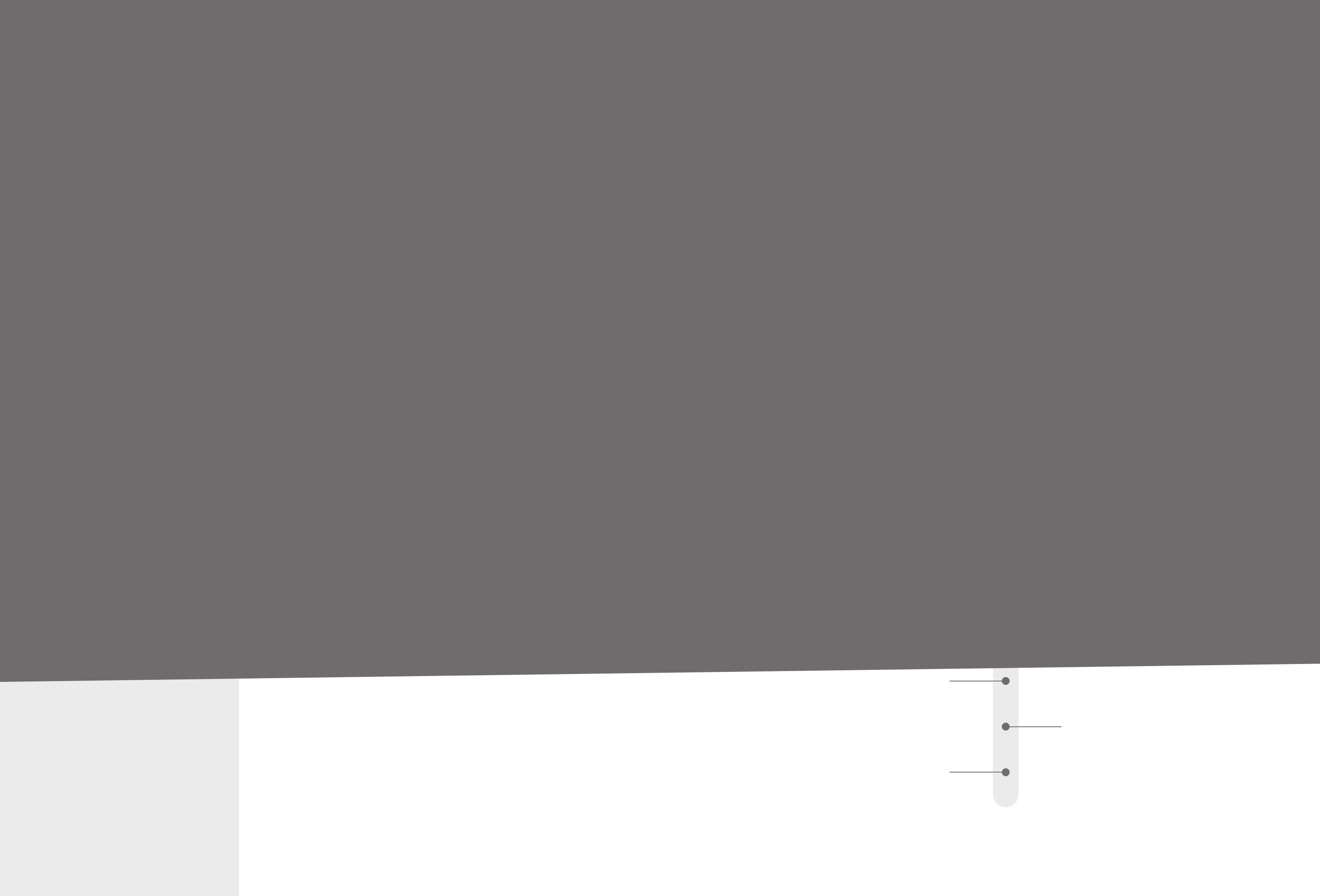




中国建筑材料集团有限公司

社会责任报告









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



4

1

2

1

1

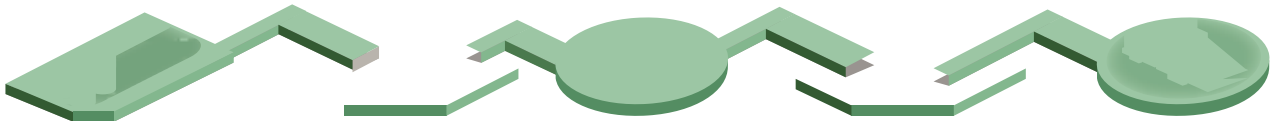
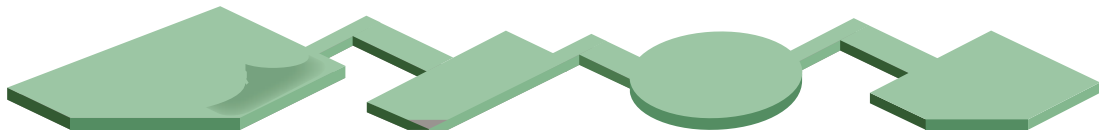
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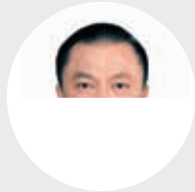
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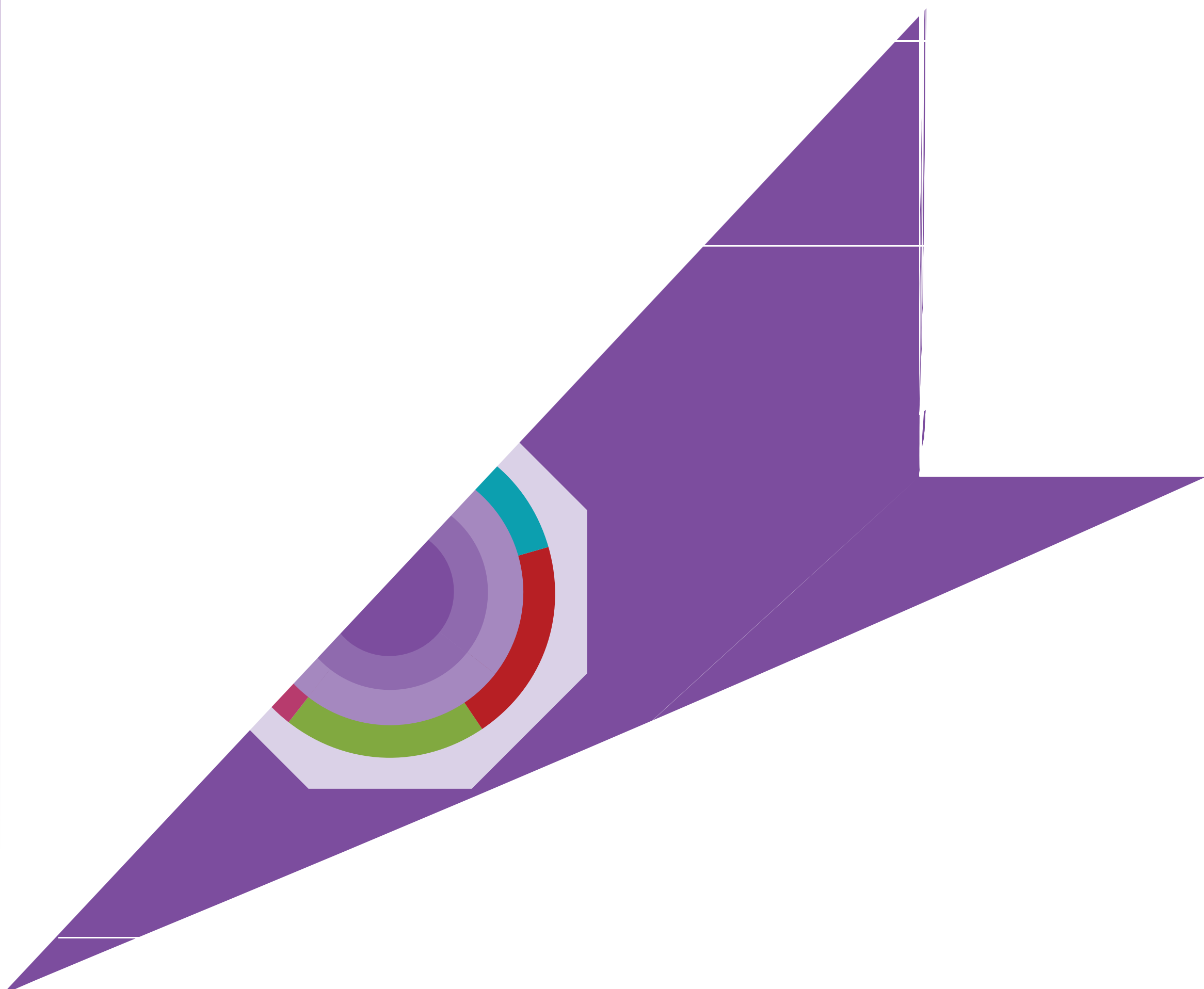
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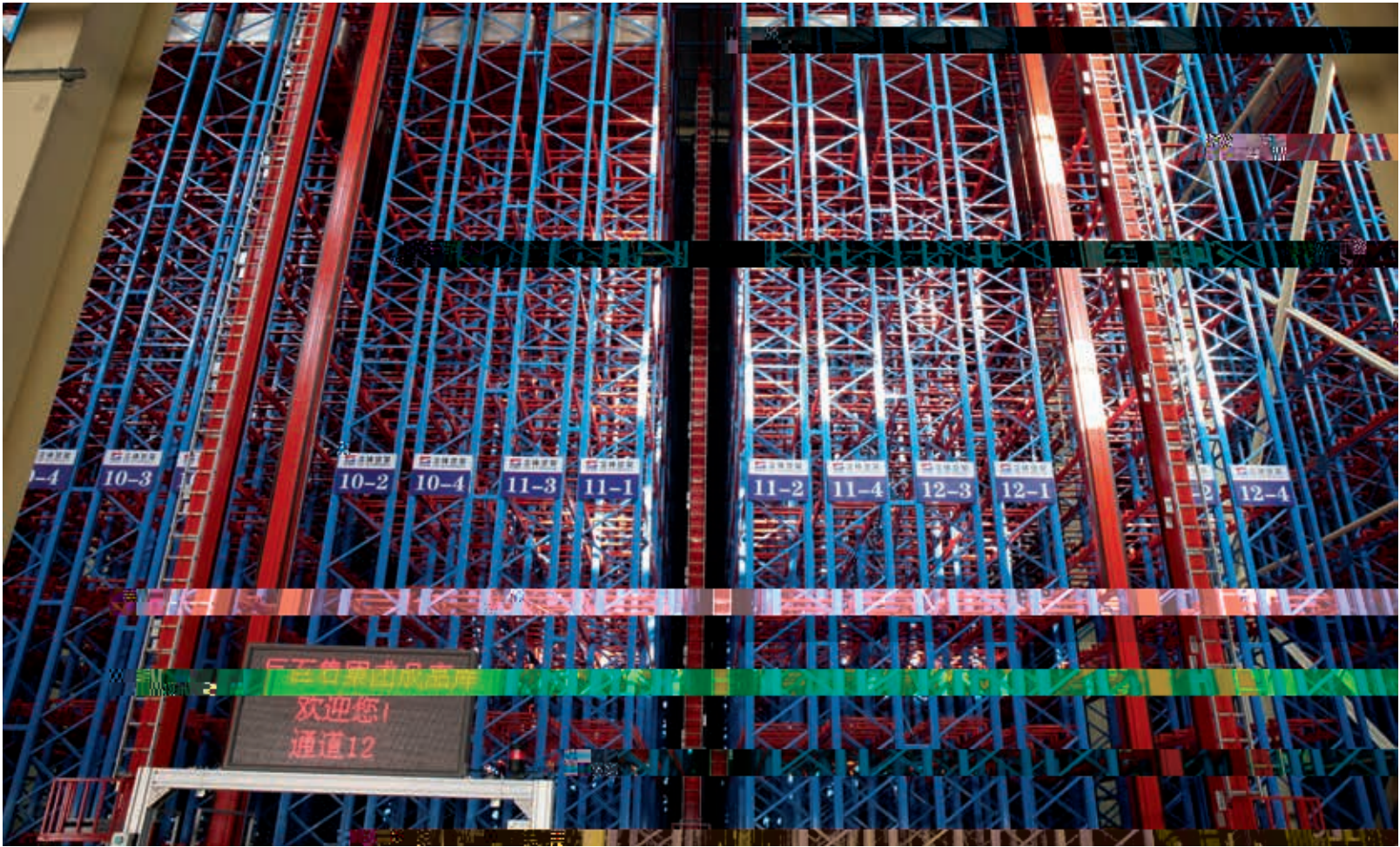






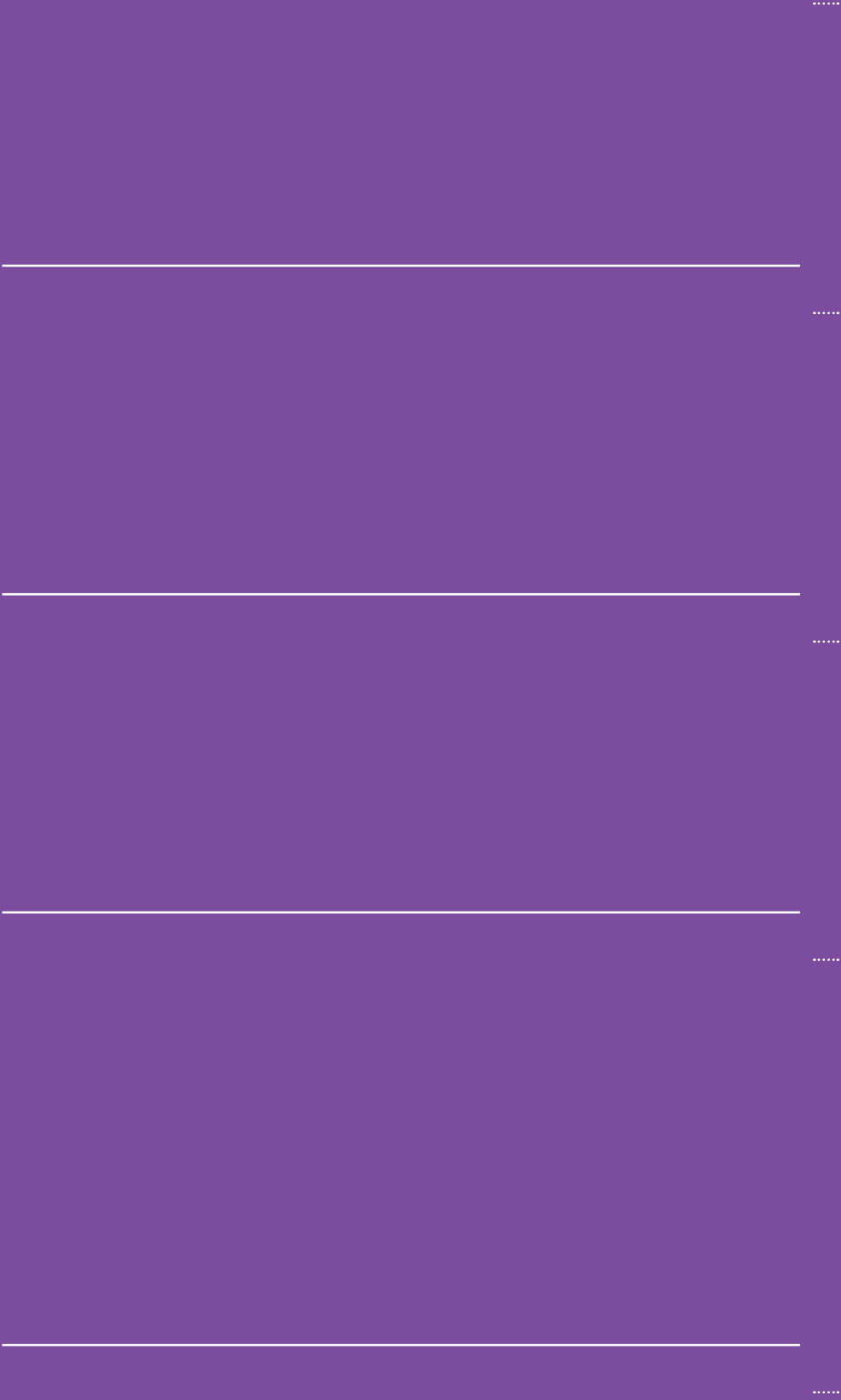
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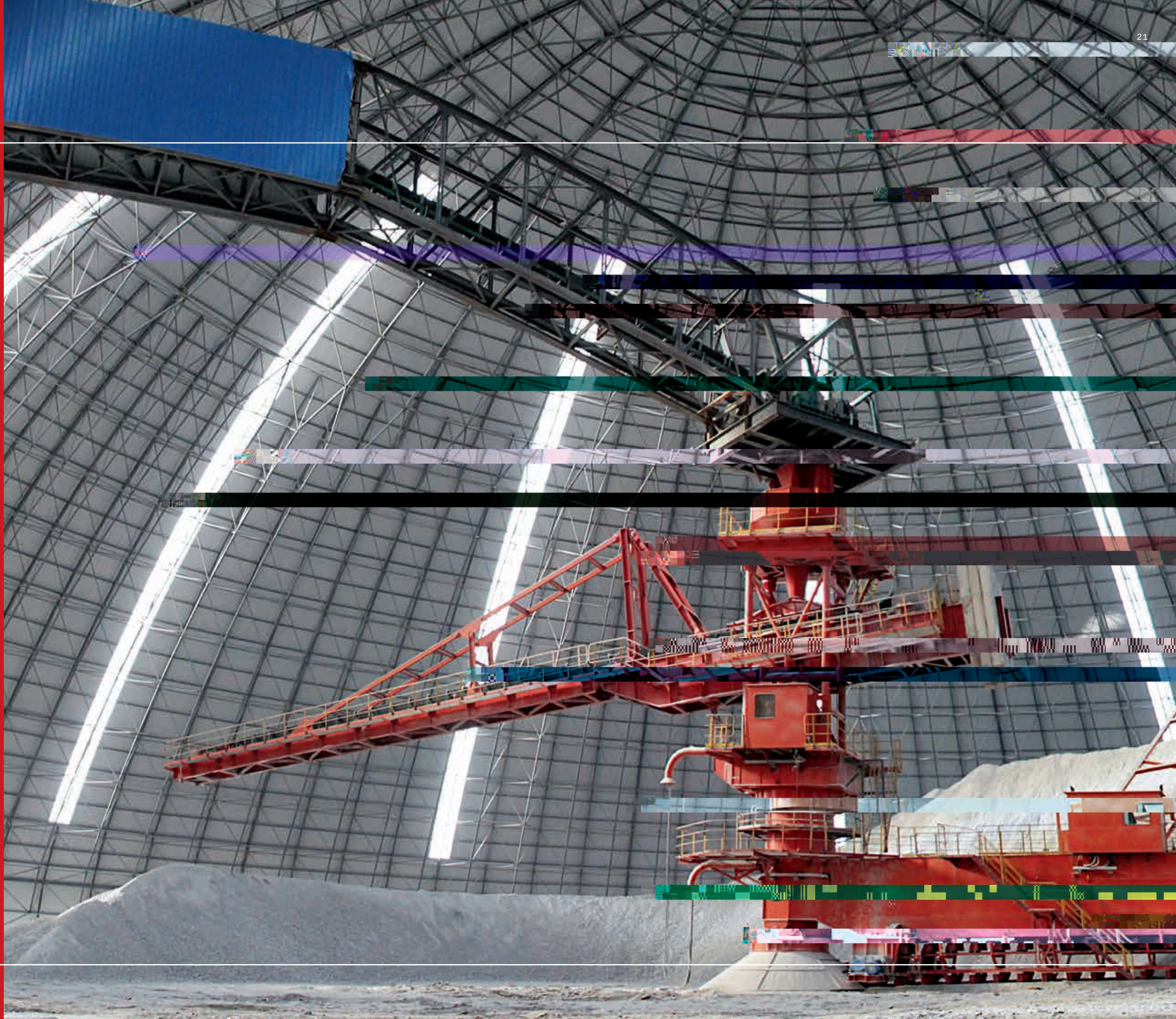


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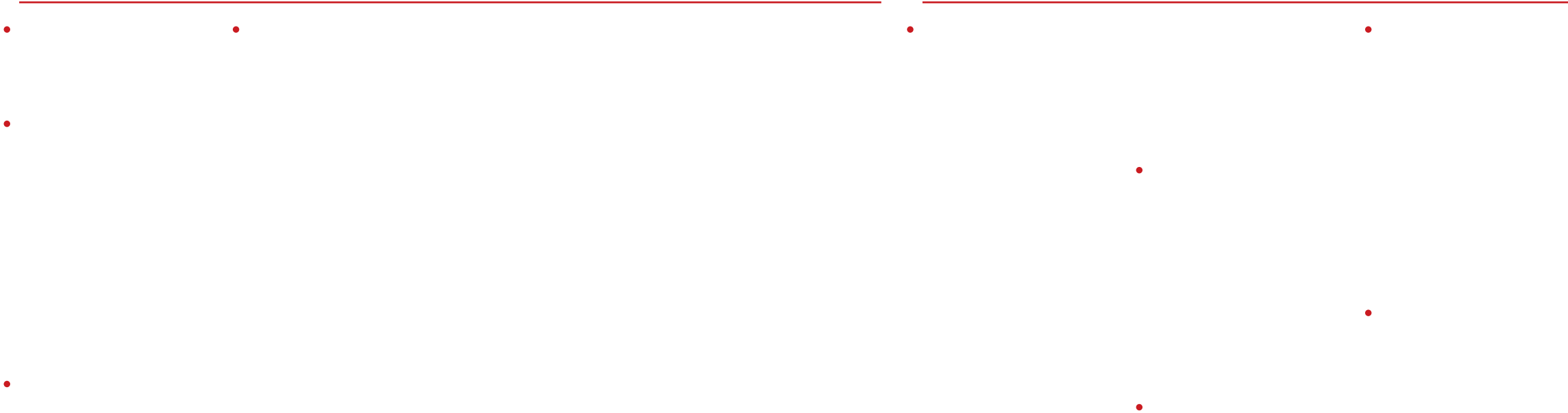


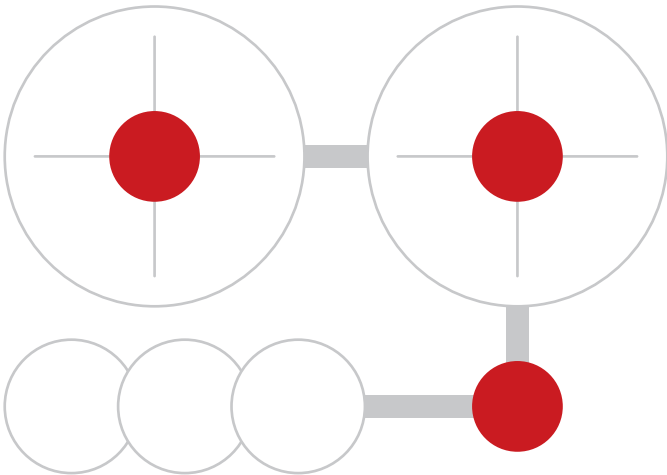
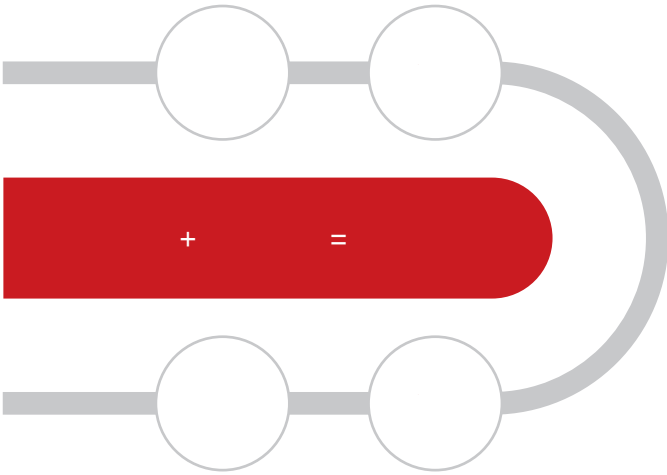


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2013
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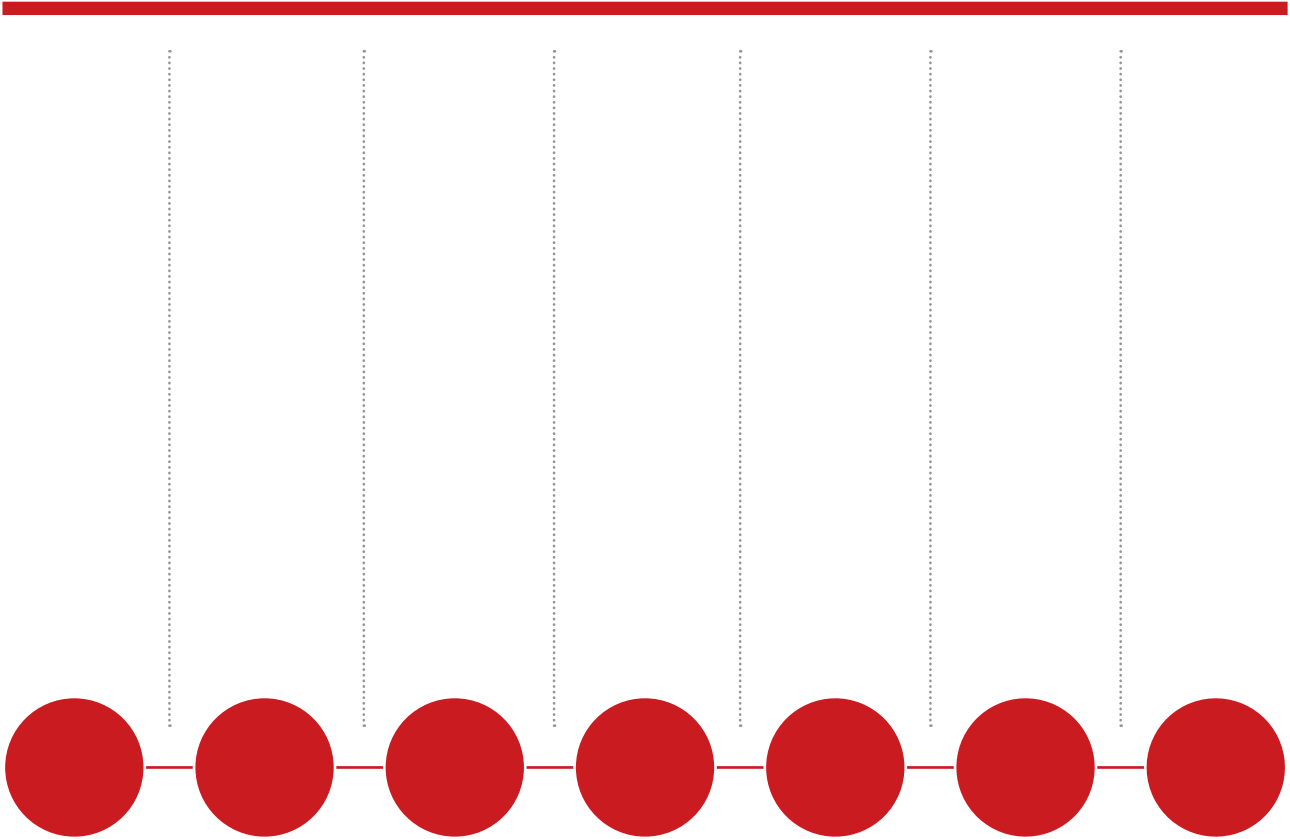


2504.3
130.1
146.4





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57.7
289.9
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7.3

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13.1

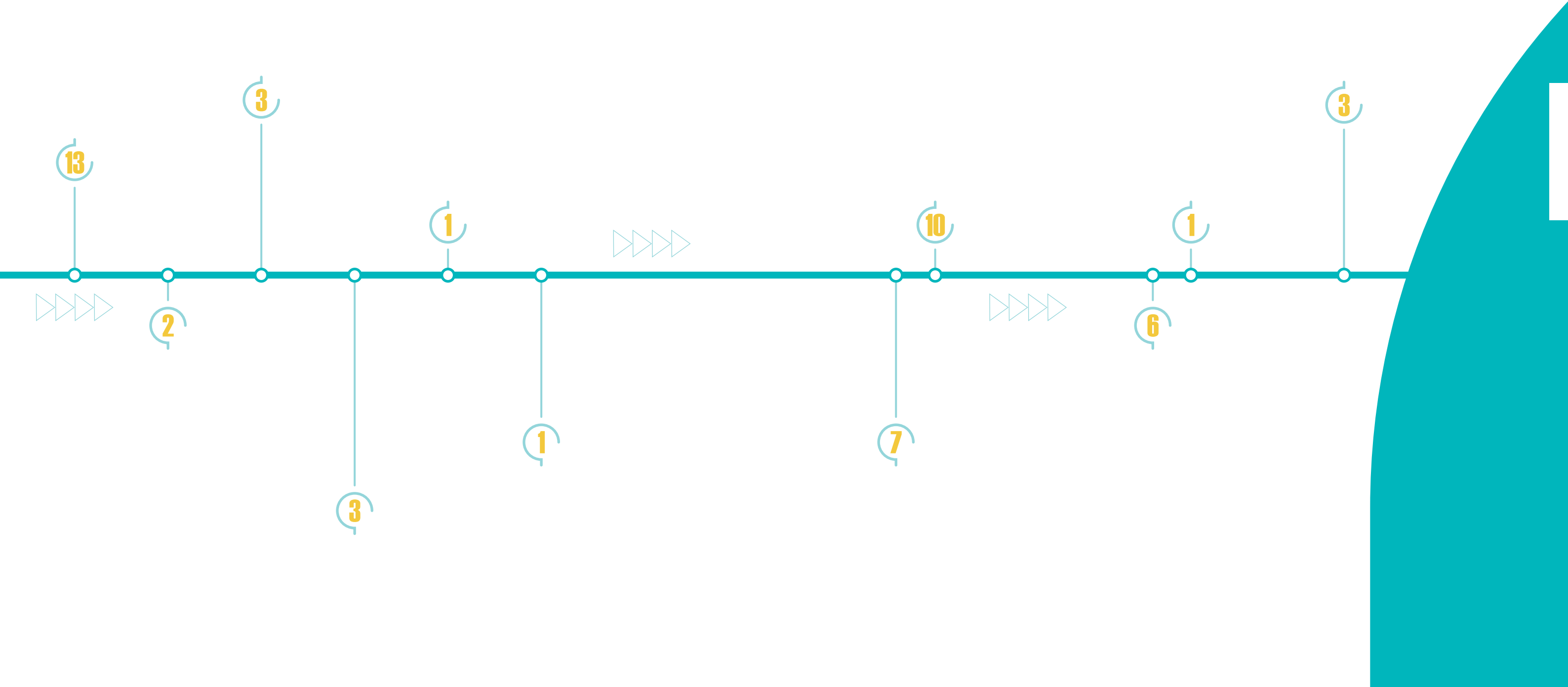




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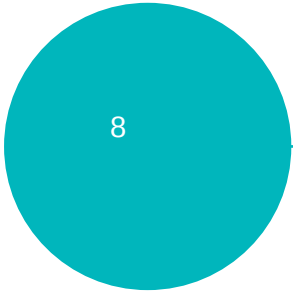
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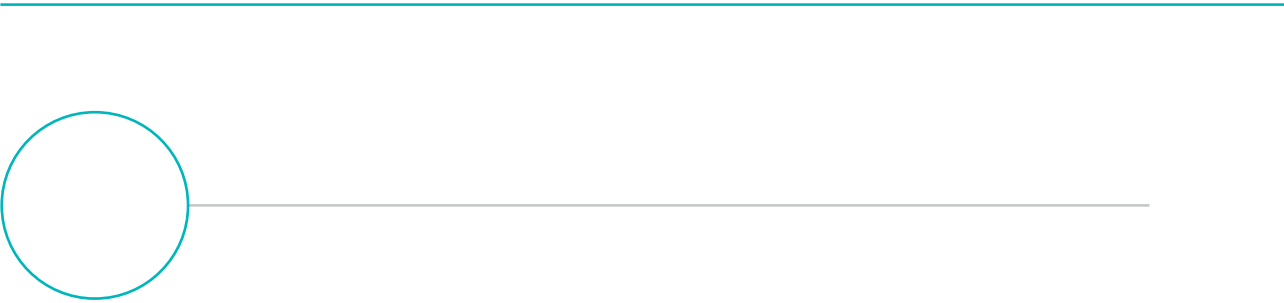
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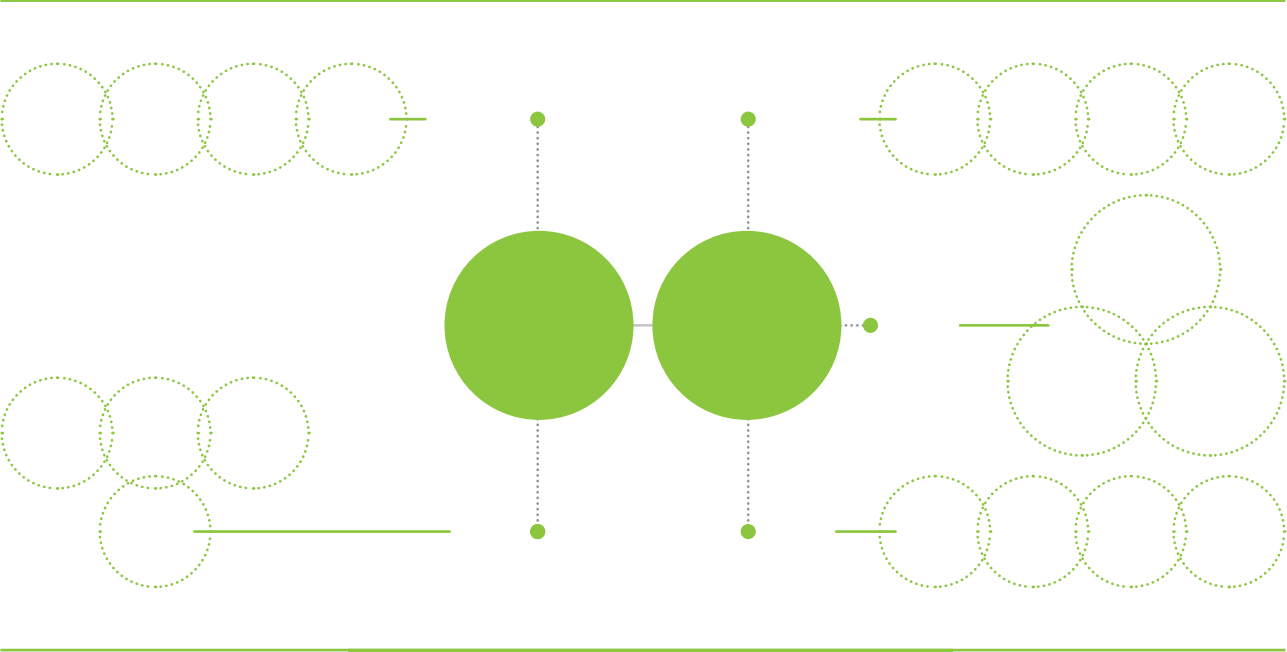


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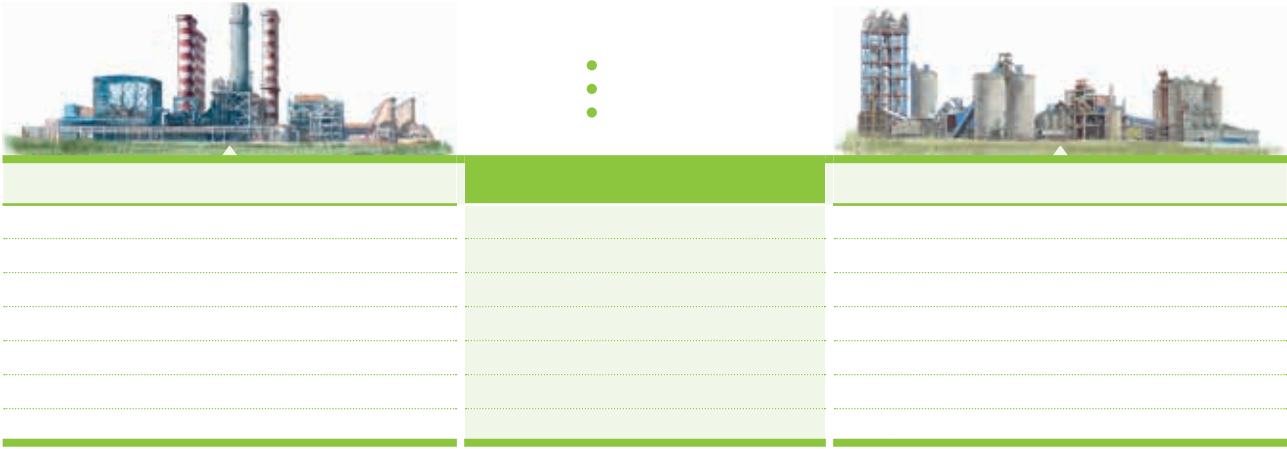
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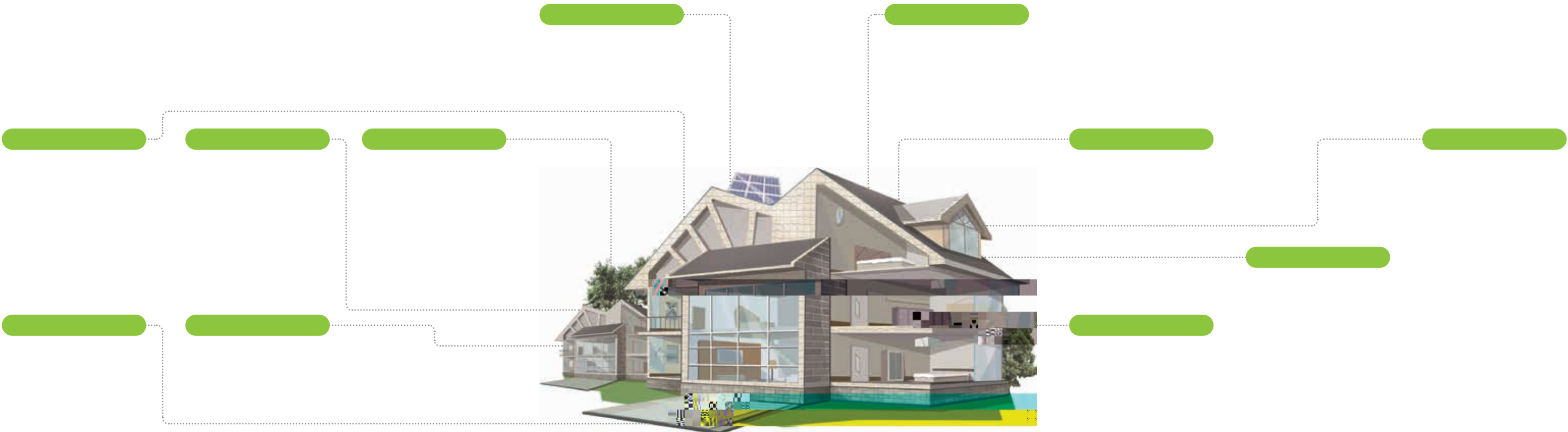
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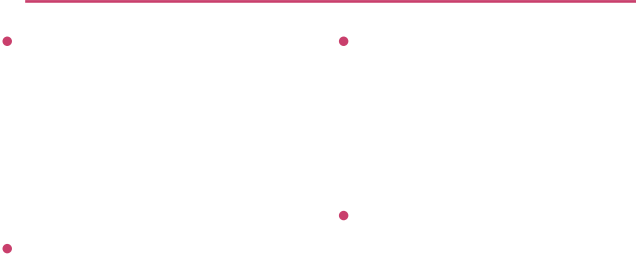
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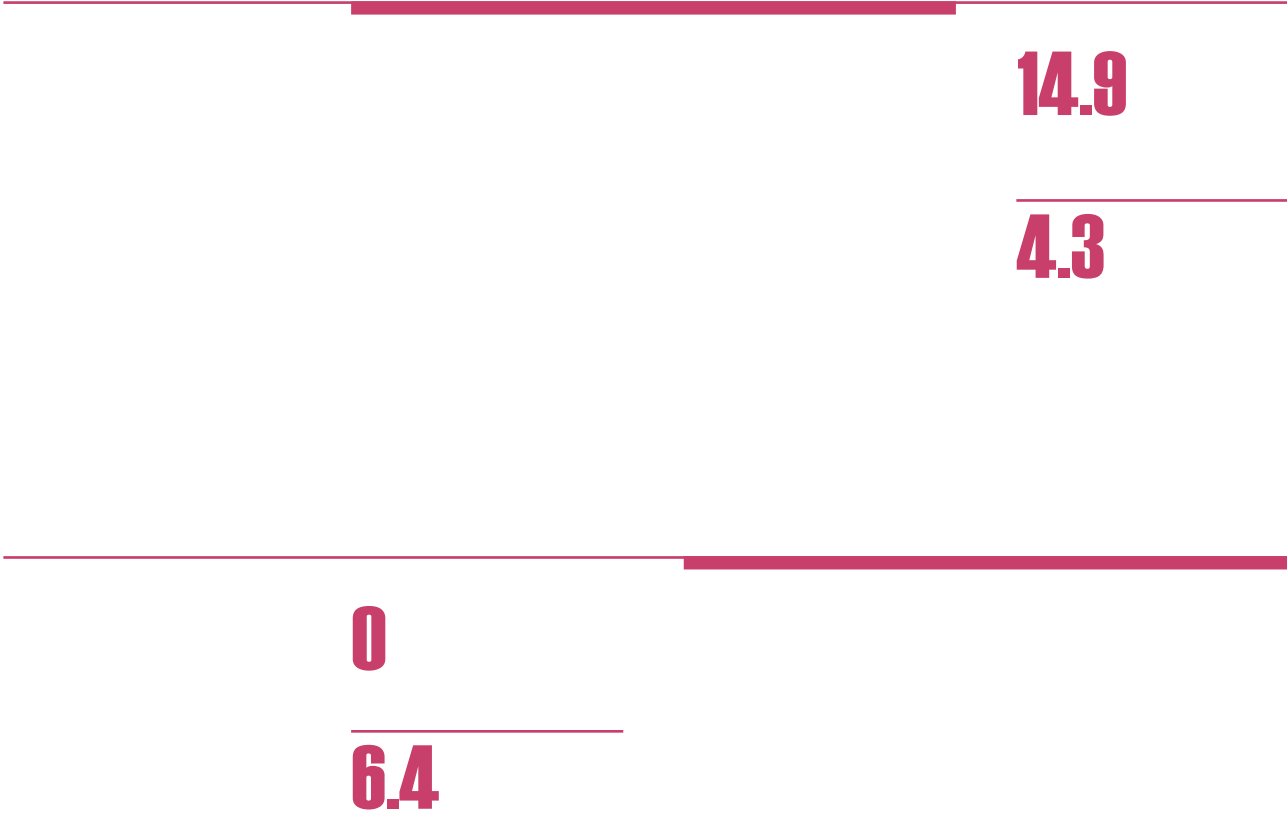




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27.3
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56.2
90.6
3520



3.6

3120

2263

1637.6

9668

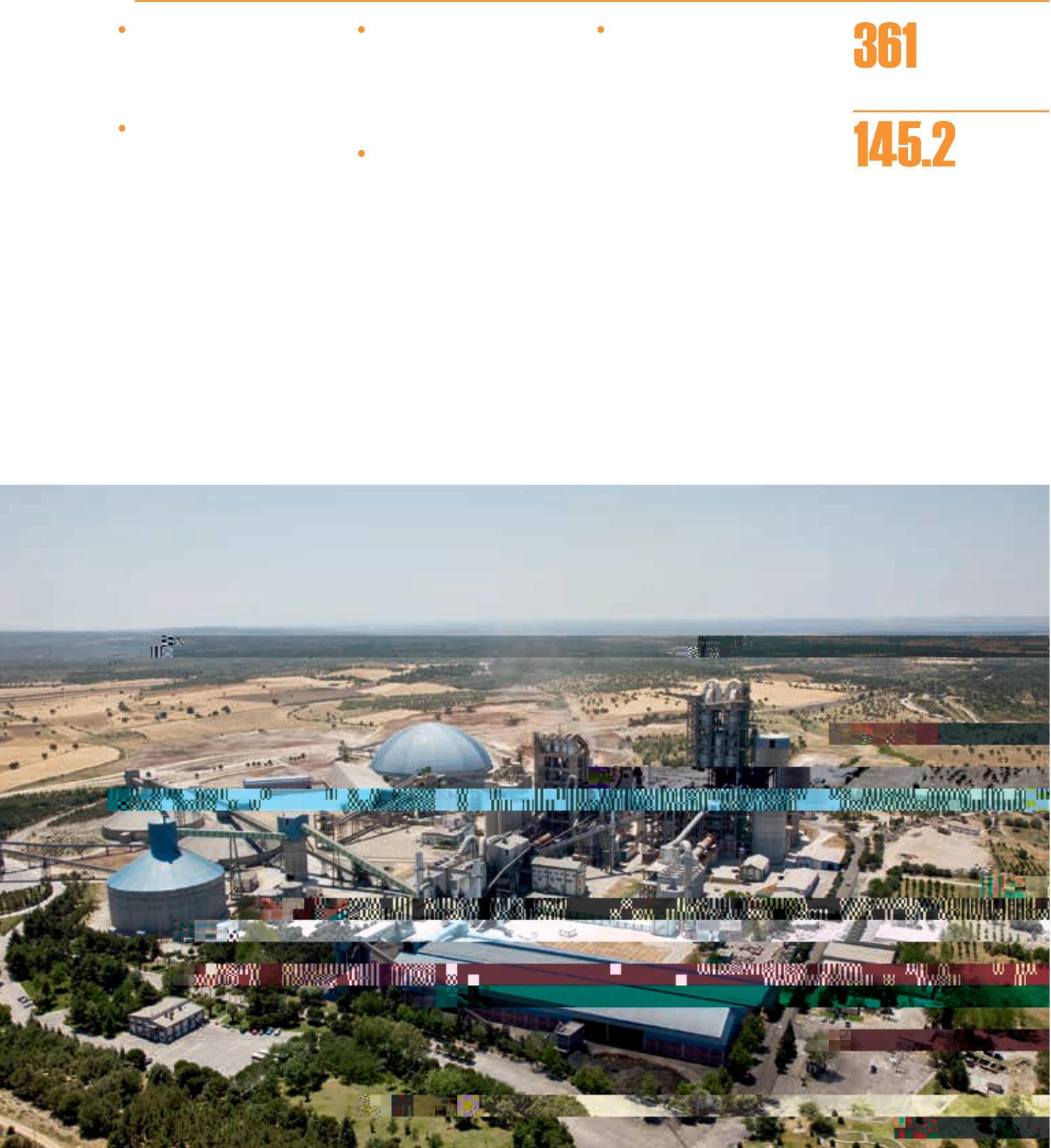
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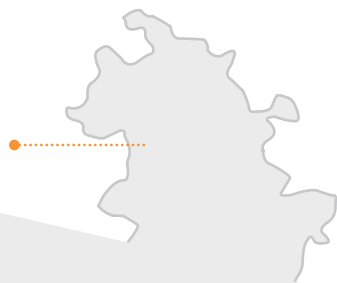
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51
2080.5



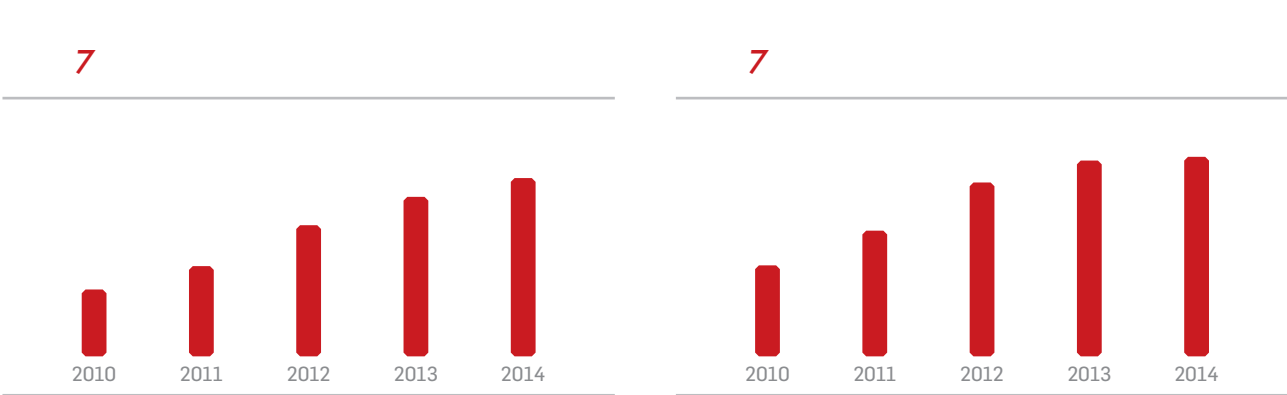
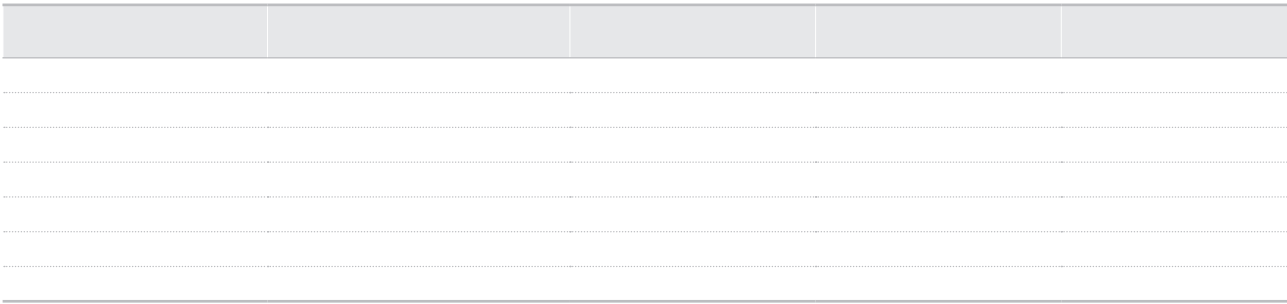
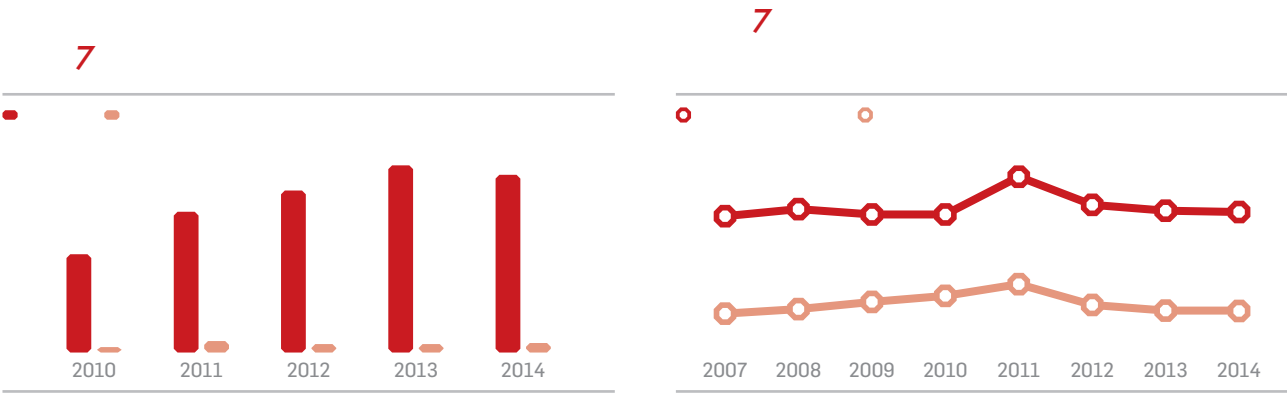
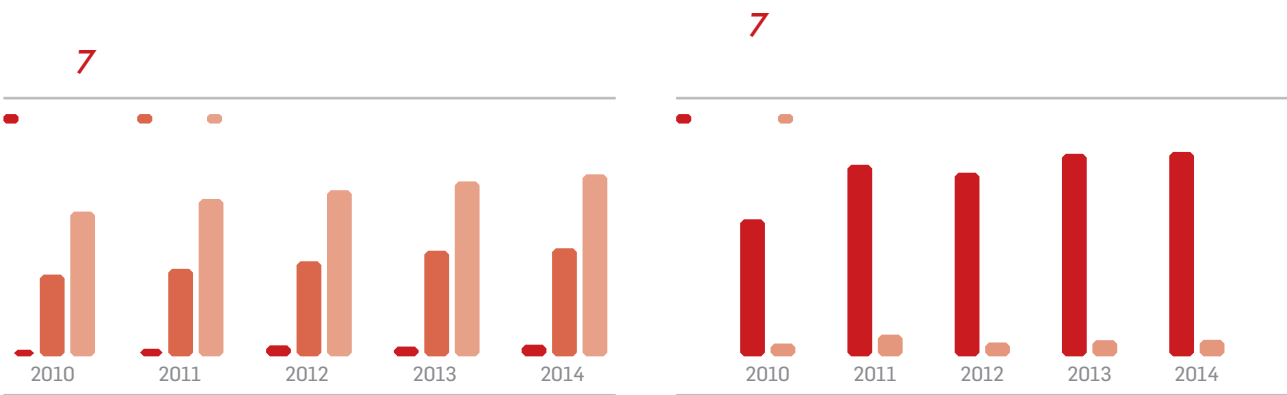
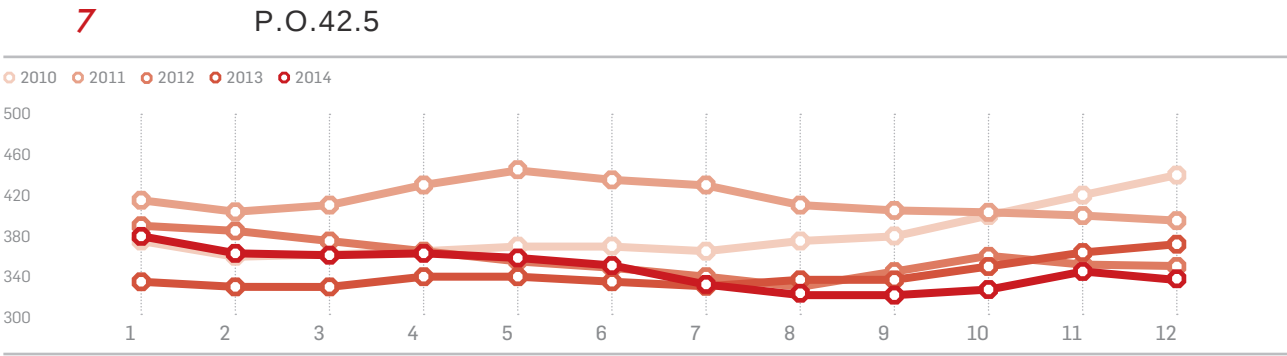
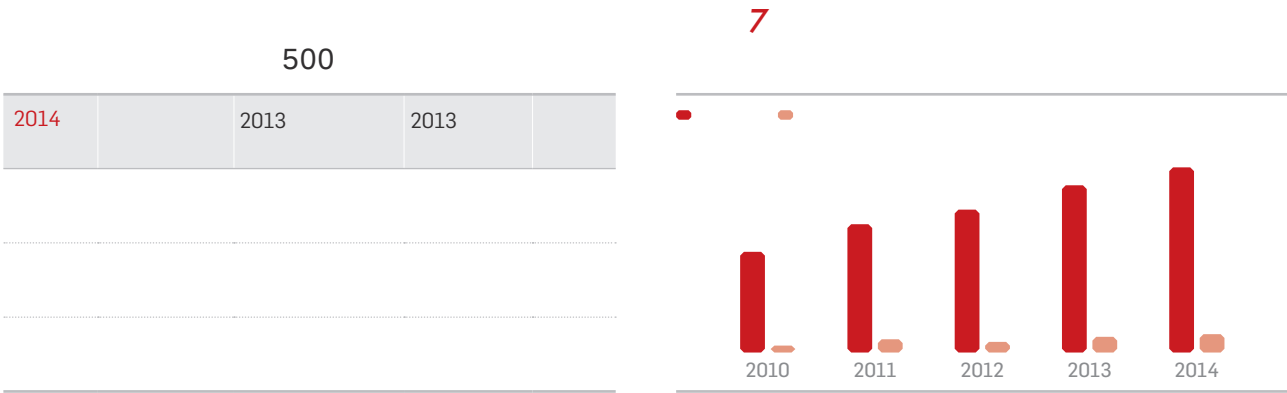


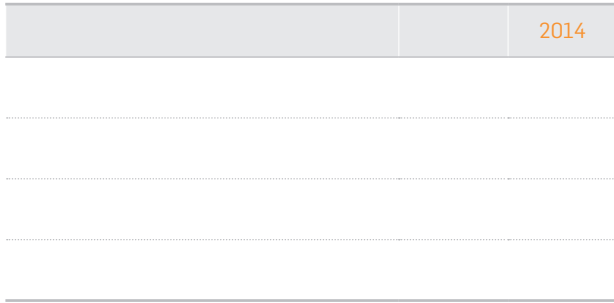
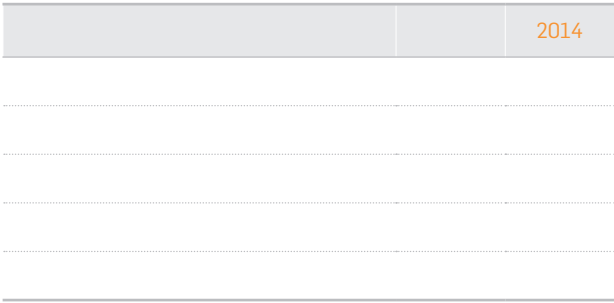
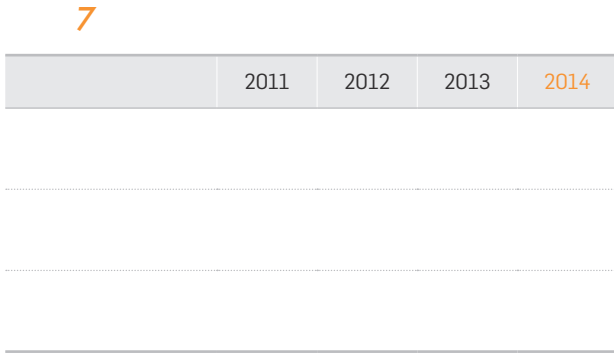
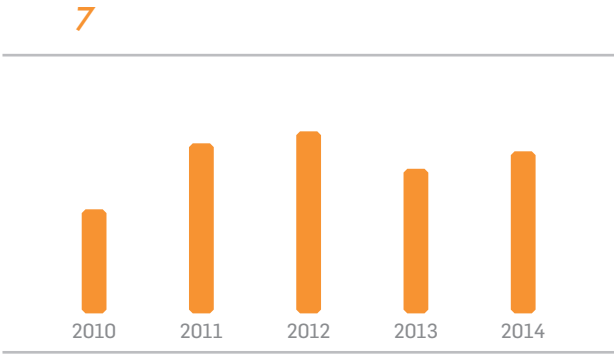
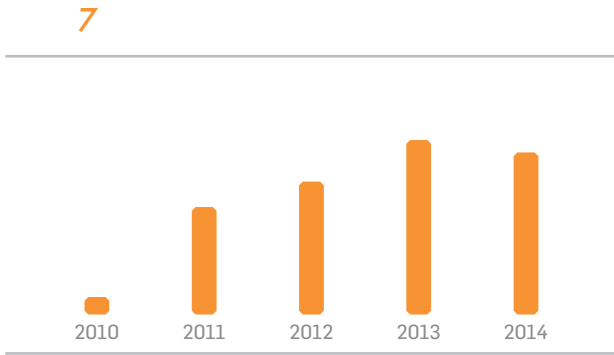
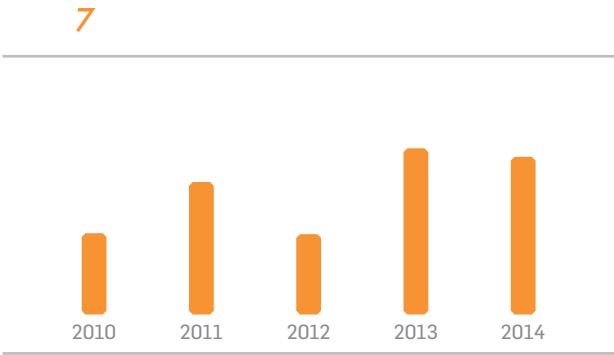
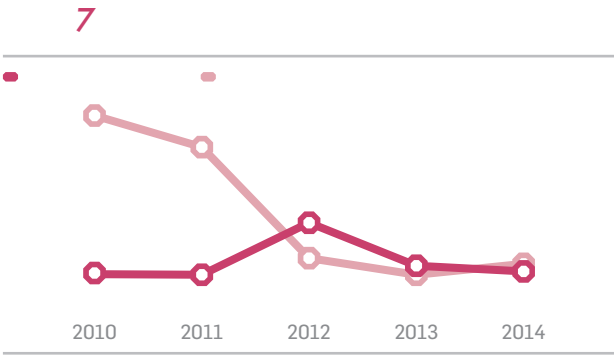
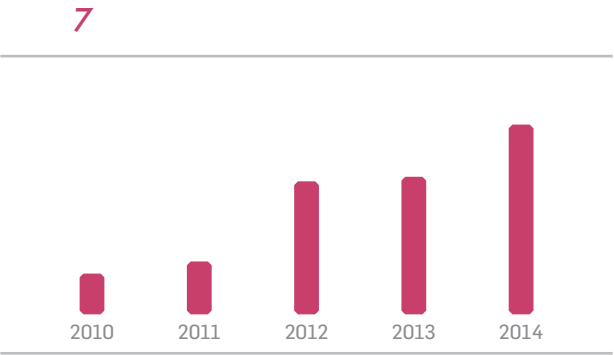
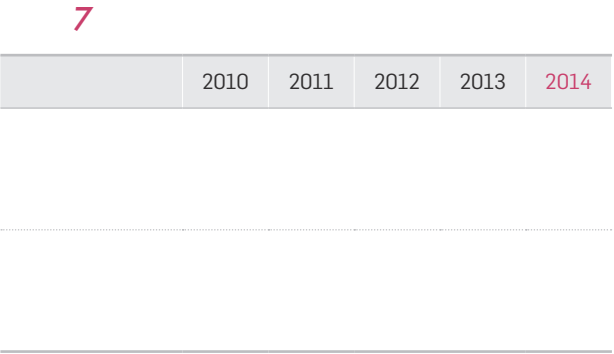
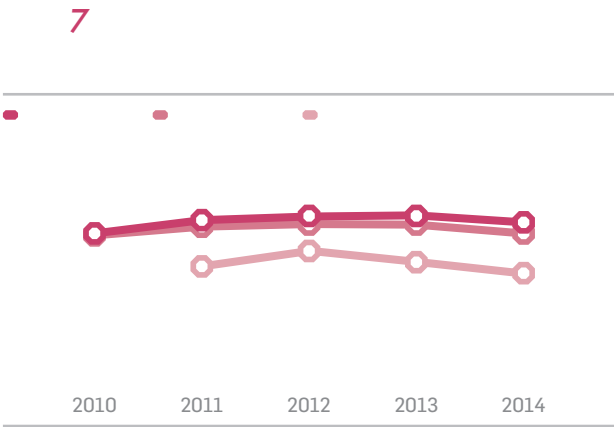
2080.5

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CASS - CSR3.0)

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Section 1: General Information	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Email: _____	
Date: _____	
Time: _____	
Section 2: Interview Details	
Interviewer: _____	
Interviewee: _____	
Topic: _____	
Duration: _____	
Location: _____	
Section 3: Interview Content	
Question 1: _____	
Answer 1: _____	
Question 2: _____	
Answer 2: _____	
Question 3: _____	
Answer 3: _____	
Question 4: _____	
Answer 4: _____	
Question 5: _____	
Answer 5: _____	
Section 4: Summary and Notes	
Summary: _____	
Notes: _____	
Section 5: Signatures	
Interviewer Signature: _____	
Interviewee Signature: _____	
Section 6: Footer	
Page: _____ of _____	
Page Number: _____	

Section 1: General Information	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Email: _____	
Date: _____	
Section 2: Personal History	
Date of Birth: _____	
Place of Birth: _____	
Current Residence: _____	
Previous Residences: _____	
Education: _____	
Employment History: _____	
Marital Status: _____	
Children: _____	
Section 3: Medical History	
Current Medical Conditions: _____	
Past Medical Conditions: _____	
Surgical History: _____	
Allergies: _____	
Medications: _____	
Section 4: Social History	
Current Social Activities: _____	
Past Social Activities: _____	
Substance Use: _____	
Section 5: Mental Health History	
Current Mental Health Status: _____	
Past Mental Health Status: _____	
Mental Health Treatment: _____	
Section 6: Family History	
Family Members: _____	
Family Medical History: _____	
Section 7: Legal History	
Legal Issues: _____	
Section 8: Other Information	
Other: _____	



大良造

