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| **PROCESO:** | | | **TIPO DE PROCESO** | | | |  | | |
| **FECHA AUDITORIA** | | |  | | **RESPONSABLE PROCESO** | | | |  |
| **AUDITOR LIDER** | | |  | | **AUDITORE(S) ACOMPAÑANTE(S)** | | | |  |
| **Numeral Norma** | **Descripción (Pregunta)** | | | **C** | **NC** | **OB** | | **Hallazgos/Evidencias** | |
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| Observaciones | |  | | | | | | | |

\*Marque X según corresponda en la casilla C (Conformidad) ó NC (No Conformidad) ú OB (Observación)