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| **FECHA** |  |

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| **PROCESO** |  |
| **OBJETIVO** |  |
| **ALCANCE** |  |
| **CRITERIOS** |  |
| **AUDITOR (ES)** |
| **NOMBRE** | **ROL** |
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| **ACTIVIDAD / PREGUNTA** | **NUMERAL (ES) DE LA NORMA QUE APLICA** | **CUMPLIMIENTO** | **TIPO DE HALLAZGO** | **OBSERVACIONES** |
| **FORTALEZA** | **NO CONFORMIDAD** | **OPORTUNIDAD DE MEJORA** |
| **SI** | **NO** |
|  |  |  |  |  |  |  |  |

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| **FIRMA AUDITOR** |
| **NOMBRE** |
| **CARGO** |