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| Auditoría Nº: | Fecha de auditoría: |  |
| Procesos a auditar: |  | |
| Objetivo de la auditoría: |  | |
| Criterio de auditoría: |  | |
| Alcance: |  | |
| Equipo auditor: |  | |

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| **Nro** | **Actividades** | **Hora** | | **Lugar** | **Fecha** | **Equipo**  **Auditor** |
| **Inicio** | **Final** |
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| **Recursos:** | | | | | | |

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| **Aprobado por** | **Cargo** | **Firma** | **Fecha** |
|  |  |  |  |

(Nombre y apellido de quien aprueba)