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| **LOGO** | **Solicitud N°:** | | | | | | **ORDEN DE CORTE N°:** | | | | | | | | | |
| **Fecha de Solicitud:** | | | | | | **ORDEN DE CORTE** | | | | | | | | | |
| **Solicitado por :** | | | | | |
| **Fecha de corte:** | | | | | |
| **Hora de corte:** | | | | | |
| **N° de modulo:** | | | | | | Proveedor de tela: | | | | | |  |  | |  |
| Clase de solicitud: Muestra: Producción: Otros: | | | | | | | | | | |  | |  |  | |  |
| **%Eficiencia CAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **COLOR** | | **ANCHO UTIL** | | **LARGO DE TENDIDO** | | | **N° MARCACIONES** | | **N° CAPAS** | | **PROMEDIO POR PRENDA** | **CONSUMO TOTAL** | | **UNIDADES CORTADAS** |
| **REFERENCIA PRENDA** | **REF / TELA** |
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| **MUESTRA TELA** | | **TALLA** | **TALLA** | | **TALLA** | | | **TALLA** | | **TALLA** | **TOTAL UNIDADES** | | EMPALMES: | | | |
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| ESPECIFICACIONES TECNICAS: | | | | | | | | | | | | | | | | |
| OBSERVACIONES: | | | | | | | | | | | | RECIBIDO POR:  FIRMA | | | | |
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| **LOGO EMPRESA** | **NOMBRE EMPRESA** | | |
| **MASTER DE INSUMOS** | | |
| **ÁREA** | | |
| **NOMBRE DEL INSUMO** | **HILO** | **REFERENCIA** |  |
| **DESCRIPCIÓN DEL INSUMO** |  | **FABRICANTE** |  |
| **MATERIAL DEL INSUMO** |  | **MUESTRA FÍSICA** | |
| **UNIDAD DE MEDIDA DE ENTREGA** |  |
| **ESPECIFICACIÓN MEDIDA** |  |
| **UNIDAD DE EMBALAJE** |  |
| **USOS** |  |
| **COLORES** |  |
| **IMAGEN** | **OBSERVACIONES** |
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| **HOJA DE INSPECCIÓN PIE DE MAQUINA NOMBRE DE EMPRESA** | | | | | | | | | |
| **Inspector/auditor:** | | | | | | | | | |
| **FECHA** | **MÓDULO/INSTRUCTOR** | **OPERARIO** | **PRODUCTO** | **COLOR** | **OPERACIÓN** | **UNIDADES REVISADAS** | **UNIDADES NO CONFORMES** | **DEFECTO** | **OBSERVACIONES** |
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| **NOMBRE DE EMPRESA CONTROL DE CALIDAD EN PUESTOS DE REVISIÓN DE PRODUCTO TERMINADO** | | | | | | | |
| **INSPECTOR O AUDITOR DE CALIDAD:** | | | | | | | |
| **FECHA** | **REVISADOR** | **PRODUCTO** | **COLOR** | **CANTIDAD DE LA MUESTRA** | **UNIDADES NO CONFORMES** | **% DE UNIDADES NO CONFORMES** | **OBSERVACIONES** |
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| **HOJA DE INSPECCIÓN PRODUCTO PILOTO NOMBRE DE EMPRESA** | | | | | | | | |
| **Inspector/auditor:** | |  | | | | **PRODUCTO** |  | |
| **FECHA** | **MÓDULO/INSTRUCTOR** | **OPERARIO** | **NUMERO DE UNIDAD** | **DEFECTO** | **CANTIDAD DE DEFECTO** | **CAUSA DE DEFECTO** | **ACCION REALIZADA** | **RECOMENDACIÓN** |
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