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| CONTROL DE VERSIONES | | | | | |
| *Versión* | *Hecha por* | *Revisada por* | *Aprobada por* | *Fecha* | *Motivo* |
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INSPECCIÓN DE CALIDAD Nº …

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| Nombre del Proyecto | | | | | | | Siglas del Proyecto | | | | | | | | |
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| Datos del Entregable Inspeccionado | | | | | | | | | | | | | | | |
| *Fase* | | | *ENTREGABLE 2º NIVEL* | | | | | *ENTREGABLE 3º NIVEL* | | | | *Paquete de Trabajo* | | | |
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| *Elaborado por* | | | | | | | | | | | | | | | |
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| DATOS DE LA INSPECCIÓN | | | | | | | | | | | | | | | |
| *Objetivos de la Inspección* | | | | | | | | | | | | | | | |
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| *Grupo de Inspección* | | | | | | | | | | | | | | | |
| PERSONA | | ROL EN EL PROYECTO | | | | ROL DURANTE LA INSPECCIÓN | | | | | | | OBSERVACIONES | | |
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| *Datos de Inspección* | | | | | | | | | | | | | | | |
| FECHA | TIEMPO DE PRUEBA | | | OBSERVACIONES | | | | | | | | | | | |
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| Resultados de la Inspección | | | | | Conforme | | | | |  | No conforme | | | |  |
| *Lista de defectos a corregir o mejoras a realizar* | | | | | *RESPONSABLE* | | | | *FECHA REQUERIDA* | | | | | *OBSERVACIONES* | |
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| *Observaciones complementarias* | | | | | | | | | | | | | | | |
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| *Documentos Adjuntos* | | | | | | | | | | | | | | | |
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