**UNIVERSIDAD DEL VALLE DE GUATEMALA**

**CAMPUS SUR**

**EVALUACION DE RIESGOS 03**

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| **REVISION DE SEGURIDAD** | | | | | | | |
| **PUESTO DE TRABAJO** | |  | | | | | |
| **NOMBRE DE QUIEN INSPECCIONA** | | | |  | | | |
| **FECHA:** | | | | | **No. DE INSPECCION:** | | |
| **No.** | **ACCION REQUERIDA:** | | **RESPONSABLE** | | | **FECHA DE FINALIZACION** | **COMPROBACION DE EFICACIA** |
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