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| Tipo de revisión: | Fecha: |

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|  |  |  |  | **CUMPLE** | |  |  |
| **No.** | **NOMBRE** | **DEPARTAMENTO** | **PUESTO** | **SI** | **NO** | **HALLAZGOS ENCONTRADOS** | **FIRMA DE EMPLEADO** |
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OBSERVACIONES:

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| Firma Inspector: | Cargo: |