**No. de Autoinspección**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EMPRESA** |  |
| **DIRECCIÓN** |  |

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| **ALCANCE** |  |
| **EQUIPO AUDITOR** |  |
| **FECHA AUDITORÍA** |  |
| **LUGAR** |  |
| **DOCUMENTACIÓN DE REFERENCIA** |  |

**Fecha de Reunión de Apertura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PROGRAMA DE AUTOINSPECCIÓN** | | | | |
| **Áreas Auditadas** | **Fecha** | **Horario** | **Capítulos Guía de BPM** | **Auditor** |
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**ASISTENCIA:**

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| **PARTICIPANTES** | **REUNIÓN APERTURA** | **REUNIÓN CIERRE** |
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