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| **No. De Autoinspección:** | **001-BPM-XXXX** |

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| Empresa: |  | | | |
| Dirección: |  | | | |
| Alcance: |  | | | |
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| Auditor |  | | Auditor |  |
| Auditor |  | | Asesor Externo: | |
| Fecha de Autoinspección | |  | | |
| Lugar: |  | | | |
| Documentación de Referencia: | |  | | |

| **NO CONFORMIDADES** |
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| Durante el proceso de inspección se detectaron un total de No Conformidades |

**NO CONFORMIDADES**

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| **No.** | **Descripción** | **Requisito (Artículo Guía BPM)** | **Criterio** |
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**CONCLUSIONES**

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Nombre:

Firma:

Dirección Técnica:

Fecha del Informe:

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| REUNIÓN DE CIERRE | | | | | | | | | |
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| **Nombre** | | | **Departamento** | | | **Puesto** | | **Firma** | |
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