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| Fecha | PARÁMETROS A EVALUAR | | | | | | DESINFECTANTE | |  | DESINFECTANTE | | Firma Responsable Limpieza | Firma Inspector Control De Calidad |
| Suelo | Paredes | Ventanas | Techos Y/O Ductos | Balanzas | Mesas / Carretillas | Nombre del Producto | Dilución | Utensilios | Nombre del Producto | Dilución |
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**Observaciones:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**