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| **FECHA:** | | | **LUGAR:** | | | | | | | **PROCESO:** | |
| **Acción de**  **Mejoramiento** | | | **Acción**  **Correctiva** | | **Acción**  **Preventiva** | | | | **NORMA:**  **CLAUSULA:** | | |
| **DESCRIPCIÓN DE LA NO CONFORMIDAD:**  **Hecho:** | | | | | | | | | | | |
| **Descripción:** | | | | | | | | | | | |
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| **Descripción claúsula:** | | | | | | | | | | | |
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| **Nombre y firma del Auditor:** | | | | | | | **Nombre y firma del Auditado:** | | | | |
| **CAUSA RAIZ / RESULTADOS ESPERADOS DE LA MEJORA** | | | | | | | | | | | |
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| **PLAN DE ACCIÓN** | | | | | | | | | | | |
| **ACTIVIDAD** | | **RESPONSABLE** | | **FECHA**  **INICIO** | | **FECHA**  **TERMINO** | | **FECHA**  **REVISION** | | | **OBSERVACIONES** |
| **ACC. INMEDIATA** | |  | |  | |  | |  | | |  |
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| **ACC. MEDIATA** | |  | |  | |  | |  | | |  |
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| **ACC. LARGO PLAZO** | |  | |  | |  | |  | | |  |
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| **La acción tomada eliminó la causa, fue efectiva?** | | | | | | | | | | | **Fecha de Cierre:** |
| **□Si**  **□No** | **Motivo:** | | | | | | | | | |
|  | | | | | | | | | | **Responsable Nombre y Firma** |
|  | | | | | | | | | |