|  |  |
| --- | --- |
| **Fecha de Elaboración del Plan:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organización(Proceso / Área) a Auditar: |  | | |
| Dirección / Ciudad: |  | **Teléfono:** |  |
| Representante de la organización: |  | | |
| Estándar / Norma a Auditar: |  | | |

|  |  |
| --- | --- |
| Auditor Líder: |  |
| **Equipo Auditor:** |  |

|  |
| --- |
| **OBJETO Y ALCANCE** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fecha | Hora | **Auditor** | **Lugar** | **Área / Departamento / Proceso / Función** | **Elemento / Doc. Referencia** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **OBSERVACIONES** |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Elaborado por** |  | **Aprobado por** |