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| **INDIQUE EL TIPO DE AUDITORÍA Y SG:** | | | **Normal (Individual 1 SG)** | | | | **Combinada (2 o más SG)** | | |
| **SG-Calidad** |  | **SG-Ambiental** | | |  | **SG-SST** |  | **Integral – (SGI)** |  |
| **Otro tipo de SG o normatividad aplicable a SG** | | | | |  | **¿Cuál?** | |  | |
| **OBJETIVO:** | | | | | | | | | |
| **ALCANCE:** | | | | | | | | | |
| **CRITERIO DE AUDITORÍA:** | | | | | | | | | |
| **FECHA INICIO:** | | | | **FECHA FINAL:** | | | | | |

| **NOMBRE DEL PROCESO** | DEPENDENCIA | **FECHA**  **PROGRAMADA** | AUDITOR  LIDER | **EQUIPO AUDITOR** | **OBSERVACIONES** |
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