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| **Proceso a Auditar** | | | **Vigencia -** | **Ciclo -** | **Auditoría No.** | | | |
| **Nombre** | **Cód.** | **Líder Responsable** | **Auditor Líder** | **Equipo Auditor** | | **Realización** | | |
| **Año** | **Mes** | **Día** |
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| **PH**  **VA** | **Pregunta o Aspecto a Evaluar** | **Requisito Norma** | **Cumple** | | **Hallazgo - Anotación** | **Tipo** |
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| **Si** | **No** |
| **PLANEAR** |  |  |  |  |  |  |
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| **HACER** |  |  |  |  |  |  |
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| **VERIFICAR** |  |  |  |  |  |  |
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| **ACTUAR** |  |  |  |  |  |  |
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