**DATOS GENERALES**

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| **Método de auditoría** | **In situ** |  | **A distancia** |  | **Número de auditoría:** |  |
| **Objetivo de la auditoría** |  | | | | | |
| **Auditor líder** |  | | | | | |

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| **FECHA** | **HORA** | **AUDITOR** | **LUGAR** | **PROCESO** | **REQUISITOS A VERIFICAR** |
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| **NOMBRE DEL AUDITOR** | **CLAVE** |
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