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| **DEPARTAMENTO:** |  | **SEMESTRE:**  |  |
| **CARACTERISTICA DE CALIDAD:** |  |  |

| **Folio** | **Especificación Incumplida** | **Fecha de análisis** | **Acción implantada** | **Elimina SNC** | **Numero de RAC**  | **Verifica**(Fecha y firma) | **Libera**(Fecha y firma) |
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| **ELABORÓ** |  | **VÁLIDA** |  | **VO. BO.** |
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| **NOMBRE Y FIRMA****DEL JEFE DE DEPARTAMENTO** | **NOMBRE Y FIRMA****SUBDIRECTOR** | **NOMBRE Y FIRMA****REPRESENTANTE DE LA DIRECCIÓN** |