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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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| **NOMBRE Y FIRMA**  **DEL JEFE DE DEPARTAMENTO** | **NOMBRE Y FIRMA**  **SUBDIRECTOR** | **NOMBRE Y FIRMA**  **REPRESENTANTE DE LA DIRECCIÓN** |