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| **Fecha:** |  | **Folio de Requisición:** |  |
| El hallazgo proviene de: |
|  | Quejas deCliente |  | Auditoría deServicio |  | Análisis de indicadores |  | Auditoría deCalidad |  | Especificaciones deCalidad no cumplidas |  | Evaluación de Clima Laboral |  | Riesgos y oportunidades |

|  |  |  |
| --- | --- | --- |
|  | Otro, Especifique: |  |

 **SOLICITUD:**

|  |
| --- |
| **Descripción del hallazgo:** |
| **ACCIÓN(ES) DE CONTENCIÓN:**

|  |  |  |
| --- | --- | --- |
| **Acción** | **Responsable** | **Fecha** |
|  |  |  |
|  |  |  |
|  |  |  |

**Equipo de trabajo:** |
| **Responsabilidad** | **Nombre** | **Función/cargo** |
| **Coordinador de la acción:** |  |  |
| **Participantes:** |  |  |
|  |  |
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| **TÉCNICA UTILIZADA PARA EL ANÁLISIS DEL HALLAZGO (DIAGRAMA CAUSA-EFECTO, 5 PORQUÉ´S, DIAGRAMA DE PARETO, ENTRE OTROS. IMPORTANTE INTEGRAR EL ANÁLISIS REALIZADO):**  |
|  |

**CAUSA RAIZ IDENTIFICADA:**

|  |
| --- |
|  |

**PLAN DE ACCIÓN.**

|  |  |  |
| --- | --- | --- |
| **Acciones correctivas/de corrección** | **Responsable** | **Fecha programada de término** |
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| --- | --- | --- | --- | --- | --- |
| ¿Existen no conformidades similares o que potencialmente puedan ocurrir (14)? | SI |  |  | NO |  |

|  |  |
| --- | --- |
| En caso afirmativo, indique cuál(es):  |  |
|  |

**DEFINA PLAN DE ACCIONES PREVENTIVAS:**

|  |  |  |
| --- | --- | --- |
| **Acciones preventivas** | **Responsable** | **Fecha programada de término** |
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**DERIVADO A ESTE HALLAZGO, ES NECESARIO:**

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| --- | --- | --- | --- | --- | --- |
| **a) ¿Actualizar riesgos y oportunidades?**  | SI |  |  | NO |  |

|  |
| --- |
| En caso de afirmativo, descríbalos para ser analizados en el Comité de Calidad. |
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| --- | --- | --- | --- | --- | --- |
|  **b)** **¿Hacer cambios al Sistema de Gestión de Calidad?**  | SI |  |  | NO |  |

|  |
| --- |
| En caso afirmativo indique el procedimiento / documento del SGC afectado. |
|  |
|  |

**NOTA: ESTE APARTADO SERÁ VALIDADO POR EL COMITÉ DE CALIDAD** |

**EVIDENCIAS DE ACCIONES REALIZADAS:**

|  |
| --- |
|  |
|  |
| **Coordina acción correctiva:** | **Verifica las acciones y su eficacia:**  | **Fecha de cierre:****Nombre y Firma RD:** |