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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Fecha:** | | | |  | | | | | | | **Folio de Requisición:** | | |  | | | | El hallazgo proviene de: | | | | | | | | | | | | | | | | | |  | Quejas de  Cliente |  | Auditoría de  Servicio | |  | Análisis de  indicadores |  | Auditoría de  Calidad |  | Especificaciones de  Calidad 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:** |  |  | |  |  | |  |  | |  |  |      |  | | --- | | **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** | |  |  |  | |  |  |  | |  |  |  |   **DERIVADO A ESTE HALLAZGO, ES NECESARIO:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **a) ¿Actualizar riesgos y oportunidades?** | SI |  |  | NO |  |  |  | | --- | | En caso de afirmativo, descríbalos para ser analizados en el Comité de Calidad. | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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:**

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