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| **LISTA DE VERIFICIACIÓN.**  | **NO ACEPTABLE** | **NO APLICA** | **ACEPTABLE** |  |
| **EMPRESA** |  | **FECHA:** |  | **NOK** | **N.A** | **OK** |  |
| **UNIDAD DE NEGOCIO:** | **CONTROL DE PLAGAS** | **LIMPIEZA DE FILTRO DE AIRE.**  | **PROGRAMA DE MANTENIMIENTO** | **PLAN MAESTRO DE LIMPIEZA.**  | **NIVEL DE RIESGO** | **REGISTRO DE CLORO RESIDUAL.**  | **OBSERVACIONES** |
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AUDITOR INTERNO PUNTO LIMPIO NOMBRE Y FIRMA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **LISTA DE VERIFICIACIÓN.**  | **ACEPTABLE** | **NO ACEPTABLE** | **NO APLICA** |
|  | **UNIDAD DE NEGOCIO** |  | **MES** |  | **OK** | **NOK** | **N.A** |
|  | **EQUIPO, MOBILIARIO O ELEMENTOS DE LA UNIDAD DE NEGOCIO.**  |
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AUDITOR INTERNO PUNTO LIMPIO NOMBRE Y FIRMA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_