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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_