**Auditoría Interna del Sistema de Gestión de la Calidad del INRLGII**

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| Auditoría No. |  |
| Fecha: |  |
| Proceso: |  |
| Unidad administrativa: |  |
| Auditores: |  |
| Hora: |  |
| Personas Auditadas: |  |

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| **Requisito:** | | | | | |
| Apartado | Pregunta | Valoración | | | Observaciones |
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| **Requisito:** | | | | | |
| Apartado | Pregunta | Valoración | | | Observaciones |
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| Apartado | Pregunta | Valoración | | | Observaciones |
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| **Requisito:** | | | | | |
| Apartado | Pregunta | Valoración | | | Observaciones |
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| **Requisito:** | | | | | |
| Apartado | Pregunta | Valoración | | | Observaciones |
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**C= Conformidad**

**BP= Buena práctica**

**NCM = No Conformidad Mayor**

**NCm = No Conformidad Menor**

**O = Observación**

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| Nombre y firma del Líder Auditor | Nombre y firma de Auditor Interno | Nombre y firma de Auditor Interno |