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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fecha de la observación: |  | | | | | Nº de Formulario: | | | | | | |  | | | | |
| Área: |  | | | | | Auditor/ persona que realizó la observación: | | | | | | |  | | | | |
| Norma: |  | | | | | Cláusula Afectada de la Norma: | | | | | | |  | | | | |
| TIPO DE HALLAZGO | | | | | | | | | | | | | | | | | |
| No conformidad | | |  | | Observación | | | | |  | | Recomendación | | | | |  |
| DESCRIPCIÓN DE LA OBSERVACIÓN: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| RESPONSABLE DEL SEGUIMIENTO: | | | | | | | | | | | | | | | | | |
| **Nombre** | | | | **Puesto** | | | | | | | **Firma** | | | | | | |
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| Investigación de las Causa de la Observación | | | | | | | | | | | | | | | | | |
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| Corrección inmediata | | | | | | | | | | | | | | | | | |
| **Actividad** | | | | | | | **Responsable** | | **VoBo**  **Responsable** | | | | | | **Fecha Propuesta** | **Fecha Real** | |
|  | | | | | | |  | |  | | | | | |  |  | |
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| Acciones para eliminar la causa raíz | | | | | | | | | | | | | | | | | |
| **Actividad** | | | | | | | **Responsable** | | **VoBo**  **Responsable** | | | | | | **Fecha Propuesta** | **Fecha Real** | |
|  | | | | | | |  | |  | | | | | |  |  | |
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| Verificación de la Eficacia | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Nombre** | | **Puesto** | | | | | | **Firma** | | | | | | **Fecha** | | | |
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