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| **Organismo Evaluador de la Conformidad** |  |

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| **Fecha:** | **Año:** |  | **Mes:** |  | **Día:** |  |

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| **USUARIO / EMPRESA** | | | | | | | | | | **DEPENDENCIA** | | | | | | | |
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| **TIPO DE CONFLICTO** | | | | | | | | | | | | | | | | | |
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| **RIESGOS IDENTIFICADOS** | | | | | | | | | | | | | | | | | |
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| **SOLUCIÓN PROPUESTA** | | | | | | | | | | | | | | | | | |
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| **FIRMA DE QUIEN REPORTA:** |  |
| **FIRMA DE QUIEN REVISA:** |  |