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| **Fecha:** |  | **Folio del Cambio:** |  |
| El cambio proviene de: |
|  | Revisión por la Dirección |  | Auditoría deServicio |  | Auditoría deCalidad |  | Especificaciones de Calidad no cumplidas |  | Evaluación de Clima Laboral |  | Riesgos y oportunidades |  |  |

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|  | Otro, Especifique: |  |

 **SOLICITUD:**

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| **Descripción del Cambio:** |
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| **Descripción del Impacto del Cambio:** |

**Equipo de trabajo:** |
| **Responsabilidad** | **Nombre** | **Función/cargo** |
| **Líder del proceso a Cambiar:** |  |  |
| **Participantes:** |  |  |
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**Plan para la implementación del cambio:**

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| **Actividades** | **Responsable** | **Recursos** | **Fecha programada**  |
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**EVIDENCIAS DE ACCIONES REALIZADAS:**

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| **Coordina el cambio:** | **Verifica las acciones y su eficacia:**  | **Fecha de cierre:****Nombre y Firma RD:** |