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| **Objetivo** |  | | | | | | | |
| **Alcance** |  | | | | | | | |
| **Modalidad de la auditoría** | **Presencial** |  | **Virtual** |  | | **Mixta** | |  |
| **Criterios de auditoría** |  | | | | | | | |
| **Método (s) de auditoría** |  | | | | | | | |
| **Duración de la auditoría** |  | | | | **N° de auditoría** | |  | |
| **Riesgos asociados al proceso de auditoría interna** |  | | | | | | | |

**Logística para la revisión de los procesos**

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| **N°** | **Fecha** | **Hora** | **Actividad / Proceso** | **Persona responsable del proceso** | **Requisito (s) a auditar** | **Persona (s) auditora (s) designada (s)** | **Observaciones** |
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|  | **Elaboró**  Persona Auditora Líder | **Aprobó**  Persona Responsable de la OGC |
| **Nombre** |  |  |
| **Firma** |  |  |