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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **REPORTE DE NO CONFORMIDAD** | | | | | | | | | | |
| Reporte No. | |  | | | Estándar: | ISO-9001-2015 | | | | N:C.# | |  | | |
| Área Auditada: | |  | | | | | | Categoría: | | | | | Mayor | Menor |
| Área Auditada: | |  | | | | | Titular: | |  | | | | | |
| **Proceso:** |  | | | | | | | | | | | | | |
| **Al auditar el proceso se detecto que:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Requisito penalizado:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | |
| Nombre y firma del auditor | | | Reconocimiento del área auditada | | | | | | | | Fecha | | | |
| Acción (es) correctiva(s): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Acción (es) preventiva(s): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Fecha compromiso cierre de no conformidad: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Verificaciones del plan de acciones para corregir la no conformidad: | | | | | | | | | |
| Cerrada |  | Abierta | |  | Avance % | |  | Verificó |  |
| Cerrada |  | Abierta | |  | Avance % | |  | Verificó |  |
| Cerrada |  | Abierta | |  | Avance % | |  | Verificó |  |
| Revisó (1ra. Revisión): | | |  | | | VoBo: (1ra. Revisión): | | |  |
|  | | | Representante de Dirección | | |  | | | Dirección |
| Revisó (2da. Revisión): | | |  | | | VoBo: (2da. Revisión): | | |  |
|  | | | Representante de Dirección | | |  | | | Dirección |
| Revisó (3ra. Revisión): | | |  | | | VoBo: (3ra. Revisión): | | |  |
|  | | | Representante de Dirección | | |  | | | Dirección |