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| **Fecha de Visita** | **Proveedor** | **Persona Responsable de la Verificación** | **Limpieza General** | | **Dispensadores de Alcohol** | | **Toallas Húmedas** | | **Distanciamiento Social** | |
| **Bien** | **Por Mejorar** | **Bien** | **Por Mejorar** | **Bien** | **Por Mejorar** | **Bien** | **Por Mejorar** |
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| **OPORTUNIDADES DE MEJORA:**  **1.**  **2.**  **3.** | | | | | | | | | | |