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| **NO CONFORMITAT** | | | | | | | | | | | | | | | | | | | |
| ORIGEN: | | | | | | | | | | | | | | DATA: | | | NÚM. FULL: | | |
|  | INTERN: |  | PROVEÏDOR: | | | |  | ALTRES: | | |  |  | |
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| TIPUS: | | | | | | | | | | | | | | | | | | | |
|  | ACADÈMICA: |  | GESTIÓ: | |  | SERVEI: | | |  | EQUIPAMENT: | | | | |  | ALTRES: | |  |  |
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| DEPARTAMENT/ÀREA: | | | | | | | | | | | | | | | | | | | |
| DESCRIPCIÓ DE LA NO CONFORMITAT: | | | | | | | | | | | | | | | | | | | |
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| EMISSOR DE LA NO CONFORMITAT: | | | | | | | | | | | | | | | | | | | |
| NOM | | | | CÀRREC | | | | | | | | | SIGNATURA | | | | | | |
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| **CAUSES I ACCIONS** | | | | | | | | |
| CAUSES POSSIBLES DE LA NO CONFORMITAT: | | | | | | | | |
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| TIPUS D’ACCIÓ: | | | | | | | | |
| ACCIÓ CORRECTIVA: |  | | ACCIÓ PREVENTIVA: |  | NO PROCEDEIX CAP ACCIÓ: | |  |  |
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| RESPONSABLE DE LA IMPLEMENTACIÓ DE L’ACCIÓ: | | | | | | | | |
| TEMPS MÀXIM D’IMPLEMENTACIÓ: | | | | | | | | |
| DESCRIPCIÓ DE L’ACCIÓ: | | | | | | | | |
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| RESPONSABLE DEPARTAMENT/ÀREA: | | | | | | | | |
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| **REVISIÓ I TANCAMENT** | | | | | | | | | |
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| ACCIÓ COMPLETADA SATISFACTÒRIAMENT: | SÍ: | |  | NO: |  | NO PROCEDEIX: | |  |  |
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| COMENTARIS | | | | | | | DATA DE TANCAMENT | | |
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| VICEDEGANAT DE QUALITAT: | | | | | | | | | |
| NOM | | SIGNATURA | | | | | | | |
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