Programa para el año: (AAAA) Fecha de realización del Programa: (DD/MM/AAAA)

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| **Tema** | **Ene** | **Feb** | **Mar** | **Abr** | **May** | **Jun** | **Jul** | **Ago** | **Sep** | **Oct** | **Nov** | **Dic** | **Observaciones** |
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| **(NOMBRE Y FIRMA)****Departamento de Calidad** | **(NOMBRE Y FIRMA)****Coordinación del Comité de Seguridad e Higiene** | **(NOMBRE Y FIRMA)****Coordinación del Sistema de** **Gestión Integrado** |