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| **Fecha del reporte:** | |  | **Reporte Nro.** | **(Espacio exclusivo para el SGSST)** |
| **Lugar:** |  | | | |

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| **Acto** |  | **Condición** | |  | **insegura reportada** | | **Consecuencias probables** | | | |
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| **Registro Fotográfico** | | | | | | | | | | |
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| **Responsable del reporte:** | | | | | | |  | | | |
| **Dependencia:** | | | |  | | | | | **Cargo:** |  |
| **Email:** | |  | | | | | | | | |

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| **ESPACIO PARA USO EXCLUSIVO DE SG-SST** | | | |
| **Tipo de acción** | **Responsable** | **Fecha de ejecución** | **Fecha de verificación** |
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