# *Facultad de Odontología*

REPORTE DE PROBLEMA INTERNO

| No. REPORTE | DESCRIPCIÓN DE LA ACCIÓN | RESPONSABLE | FECHA DE TERMINO | AVANCE | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | 20% | 40% | 60% | 80% | 100% |
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Fecha de Revisión: 15/08/2011
No. de Revisión: 0
FOR 8.5 ISO 02