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|  | | **Registro de asistencia del personal del Servicio Integral de Limpieza** | | | | | | | | | | |
| Nombre de la Empresa | |  | | | | | | | | |
| Dependencia Politécnica | |  | | | | | | | | |
| Partida | |  | | | Contrato: | | | | | |
| Subpartida | |  | | | | | | | | |
| Turno | |  | | | | | | | | |
| Fecha: de del 2025 | | | | | | | | | | | | |
| **No.** | **Nombre** | | **Puesto** | | **Hora de entrada** | **Firma** | | **Hora de salida** | | **Firma** | **Gafete Si/No** | **Uniforme Si/No** |
| 1 |  | |  | |  |  | |  | |  |  |  |
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| 20 |  | |  | |  |  | |  | |  |  |  |
| 21 |  | |  | |  |  | |  | |  |  |  |
| 22 |  | |  | |  |  | |  | |  |  |  |
| Representante de la Empresa  Cargo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sello de la Dependencia Politécnica | | | | | | Representante de la Dependencia Politécnica  Cargo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | | | |

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|  | **Supervisión de calidad de la maquinaria y equipo del Servicio Integral de Limpieza** | | | | |
| Nombre de la Empresa | |  | | |
| Dependencia Politécnica | |  | | |
| Partida | |  | Contrato: | |
| Subpartida | |  | | |
| Turno | |  | | |
| Fecha: de del 2025 | | | | | |
| **Observaciones con referencia a la maquinaria y equipo** | | | | | |
|  | | | | | |
| Fecha de entrega de materiales \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ANEXAR COPIA DE ACUSE DE RECIBO.** | | | | | |
| Observaciones: | | | | | |
| Representante de la Empresa  Cargo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sello de la Dependencia Politécnica | | | Representante de la Dependencia Politécnica  Cargo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma |

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|  | **Reporte mensual de calidad en el Servicio Integral de Limpieza** | | | | | | |
| Nombre de la Empresa | | |  | | | |
| Dependencia Politécnica | | |  | | | |
| Partida | | |  | | | |
| Subpartida | | |  | Contrato: | | |
| Turno | | |  | | | |
| Período correspondiente al mes de del 2025 | | | | | | | |
| **¿Cómo califica, la calidad del servicio de Limpieza? Marcar la opción correspondiente** | | | | | | | |
| **BUENO** | | | **REGULAR** | | | | **MALO** |
| Comentarios generales: | | | | | | | |
| Representante de la Empresa  Cargo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sello de la Dependencia Politécnica | | | | Representante de la Dependencia Politécnica  Cargo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | |