**INVENTARIO DE PRODUCTOS NO CONFORMES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Fecha | |  | |  | | |  |  | |  | | | | |  |  | | | Número de inventario | | | | | | |  | | | | | | |
| Día | | Mes | | | Año |  | | | | |  |  | | |
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| **DATOS DEL ALMACÉN / EMPRESA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre o Razón Social | | | |  | | | | | | | | | | | | | | | | | | | RUC | | /\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ | | | | | | | |
| Propietario o representante legal | | | | |  | | | | | | |  | | | | | | | | | | Teléfono móvil | | | | | | | /\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ | | | |
| Nombres | | | | | | | Apellidos | | | | | | | | | |
| **UBICACIÓN DEL ALMACÉN / EMPRESA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provincia | | |  | | | | | | | | Cantón | | |  | | | | | | | | | | Parroquia | | |  | | | | | |
| Dirección | | |  | | | | | | | | | | | | | | Coordenadas UTM | | | X | |  | | | | | | | | Y |  | |
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| **INFORMACIÓN DE PRODUCTOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre del producto** | **Tipo (veterinario/plaguicida/fertilizante)** | | | | | **Titular del registro, fabricante o importador** | | | **N° registro** | | | | **N° Lote** | | | | | **Presentación comercial**  **(Ej.: sobre de 100 mg)** | | | **N° de unidades**  **(Ej.: 3 sobres)** | | | | | | | **Total**  **(Ej.: 3 sobres de 100 mg = 300 mg)** | | | | **Observaciones** |
|  |  | | | | |  | | |  | | | |  | | | | |  | | |  | | | | | | |  | | | |  |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Firma de responsabilidad del almacén**  **Nombre: CI:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Firma del inspector**  **Nombre: CI:** |
| Estoy de acuerdo con lo declarado: Si ( ) / No ( ) |  |
| Negativa de firma ( ) |  |

**ORIGINAL**: INSPECTOR, **COPIA**: INTERESADO