## Programa de Mantenimiento Preventivo

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| **Semestre:** | Elija un Periodo. |  | **Año:** | Elija un año |  |

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| No. | Servicio | Tipo | | E | Ene | Feb | Mar | Abr | May | Jun | Jul | Ago | Sept | Oct | Nov | Dic |
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## NOTA: En la columna de servicio, en caso de requerir mayor espacio anexar información en otra hoja.

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| **FECHA DE ELABORACIÓN** | dd/mm/aaaa. | **ELABORÓ:** | Escribir Nombre |
|  |  |  |  |
| **FECHA DE APROBACIÓN:** | dd/mm/aaaa. | **APROBÓ:** | Escribir Nombre |

**NOTA: Cuando en la verificación de infraestructura se detecta algún equipo o instalación con evidente daño, no se enlistará en éste programa de mantenimiento, se atenderá con la solicitud de mantenimiento ITO-AD-PO-001-02.**