| **Fecha:** |  |  |  |
| --- | --- | --- | --- |

***1. DATOS GENERALES DE LA EMPRESA***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre, denominación o razón social: | | | | | | | | | | | | | | | | | | | | | | | |
| Giro o actividad productiva principal del establecimiento: | | | | | | | | | | | | | | | | | | | | | | | |
| Dirección del establecimiento o inmueble: | | | | | | | | | | | | | | | | | | | | | | | |
| Responsable de las instalaciones: | | | | Nombre: | | |  | | | | | | | | | | | | | | | | |
| Cargo: | | |  | | | | | | | | | | | | | | | | |
| Responsable de la Unidad Interna de Protección Civil: | | | | Nombre: | | |  | | | | | | | | | | | | | | | | |
| Cargo: | | |  | | | | | | | | | | | | | | | | |
| Tipo de inmueble: | |  | | | | | | Es compartido: | | | | * Sí | * No | Población | | | Fija: | |  | | Flotante: | |  |
| Niveles | | | | | | Escaleras de emergencia | | | | | | | Estacionamiento | | | | Elevadores | | | | | Helipuerto | |
| Sobre el terreno |  | | Sótano | |  | * Sí | | | | * No | | | * Sí | | * No | | * Sí | | | * No | | * Sí | * No |
| ¿Cuenta con Programa Interno de Protección Civil? | | | | | | | | | * Sí | | | | | | | * No | | | | | | | |
| ¿Existe corresponsabilidad en la elaboración del Programa? | | | | | | | | | | | * Sí | | | | | | | * No | | | | | |
| Nombre de la empresa: | | | | | | | | | | | | | | | | | | | | | | | |
| Número de registro vigente ante la COEPROC: | | | | | | | | | | | | | | | | | | | | | | | |

***2. SUBPROGRAMA DE PREVENCIÓN***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Módulo 1* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marco Jurídico Interno:** | | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | * Sí | | * No |
| * Contrato colectivo de trabajo | | | | | | | | | | * Reglamento interior | | | | | | * Estatuto orgánico | | | | | | | * Otro | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Creación de la Unidad Interna de Protección Civil** | | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | * Sí | | * No |
| * Acta Constitutiva | | | | | | | | | | | | | | | Fecha: | |  | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Integración de Brigadas** | | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | * Sí | | * No |
| * Primeros Auxilios | | * Prevención y Combate de Incendios | | | | | | | | | | | | | * Evacuación de Inmuebles | | | | | | | * Búsqueda y Rescate | | | | | |
| * Multifuncional | Observaciones: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Módulo 2* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elemento a Evaluar | | | Documento | | | | | | | | Observaciones | | | | | | | | | | | | | | | | |
| Calendario de Actividades | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Directorio de los Integrantes de la U.I.P.C. | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Directorio de las Organizaciones de Respuesta | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Inventario de Recursos Materiales | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Inventario de Recursos Humanos | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Elemento a Evaluar | | | Documento | | | | | | | | Observaciones | | | | | | | | | | | | | | | | |
| Identificación y Análisis de Riesgos Internos | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Identificación y Análisis de Riesgos Externos | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Croquis Interno | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Croquis de Flujo Interno | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Croquis Externo (Mapa de Riesgos) | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ¿Cuenta con Dictamen Estructural? | | | * Sí | | | | * No | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Señalización** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * NOM-003-SEGOB-2002 | | | | | * NOM-026-STPS-2000 | | | | | | | | | | | | | | * NOM-018-STPS-2008 | | | | | | | | |
| * Informativa | | | | | | | * Obligación | | | | | | * Preventiva | | | | | | | * Prohibitiva | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Programa de Mantenimiento Preventivo y Correctivo** | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | * Sí | | * No | |
| **Bitácoras** | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | * Sí | | * No | |
| * Del inmueble | | | | | | * Instalaciones eléctricas | | | | | | | | * Instalaciones hidrosanitarias | | | | | | | * Instalaciones de gas | | | | | | |
| * Instalaciones de comunicación | | | | | | * Equipos sujetos a presión | | | | | | | | * Elevadores | | | | | | | * Equipo de seguridad | | | | | | |
| * Escaleras de emergencia | | | | | | * Salidas de emergencia | | | | | | | | Observaciones: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elemento a Evaluar | | | | Documento | | | | | | | | Observaciones | | | | | | | | | | | | | | | |
| * Programa de atención a discapacitados | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Programa preventivo para cocinas y comedores | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Programa para el uso de estacionamientos | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Consignas para el personal de vigilancia | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Procedimiento para el control de accesos y uso de gafetes | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Control en el uso de aparatos eléctricos y electrónicos | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Restricción de entrada en áreas especiales y de alto riesgo | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * Manejo de hoja amarilla para amenaza de bomba | | | | * Sí | | | | | * No | | |  | | | | | | | | | | | | | | | |
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| **¿Utilizan materiales peligrosos en el inmueble o instalación?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Sí | | | | | * No | | |
| ¿Se almacenan adecuadamente? | | | | | | | | | | | | | | | | | * Sí | | | | | | * No | | | ¿Utilizan la señalización adecuada? | | | | | | | | | | | | | | | | | | | | | * Sí | | | | * No | |
| ¿Cuentan con hojas de datos de seguridad? | | | | | | | | | | | | | | | | | * Sí | | | | | | * No | | | ¿Reciben capacitación y entrenamiento? | | | | | | | | | | | | | | | | | | | | | * Sí | | | | * No | |
| Descripción con cantidades: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipo de seguridad, fijo y móvil** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sistema de alertamiento** | | | | | | * Sí | | | | | | * No | | | | | | | | | | ¿Se ha establecido un código de alertamiento? | | | | | | | | | | | | | | | | | | | | | | * Sí | | | | | * No | | | |
| * Sirena | | | | | | | | | * Timbre | | | | | | | | | | | | | | | | | | * Altavoz | | | | | | | | | | | | | | | | * Silbato | | | | | | | | | |
| **¿Cuenta con hidrantes?** | | | | | | * Sí | | | | | | * No | | | | | | | | | | | | Cantidad total: | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
| * **Sistema de bombeo para hidrantes** | | | | | | | | | | | * Eléctrico | | | | | | | | | | * Combustión interna | | | | | | | | | | | | * Cisterna para hidrantes con capacidad de \_\_\_\_\_\_\_\_\_\_ lts. | | | | | | | | | | | | | | | | | | | |
| **Extintores operables** | | | | | | * Sí | | | | | | * No | | | | | | | | | | | | Cantidad total: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| * Polvo Químico Seco | | | | * Bióxido de Carbono | | | | | | | | | | | | | | | | * Agua | | | | | | | | * Otro: | | | | | | | | | | | | | | | | | | | | | | | | |
| * Detectores de Humo | | | | | | | | | | | | | * Detectores de Calor | | | | | | | | | | | | | | | | | | | | | | | | | | * Rociadores | | | | | | | | | | | | | |
| **¿Cuenta con botiquines?** | | | | | * Sí | | | | | * No | | | | | | | | Tipo: | | | | | | | | | * Fijos | | | | | | | | * Móviles | | | | | | | Cantidad total: | | | | | |  | | | | |
| * Camillas | | | | | | | * Servicio médico | | | | | | | | | | | | | | | | | | * Lámparas de emergencia | | | | | | | | | | | | | | | | | * Planta de luz | | | | | | | | | | |
| * Escaleras de emergencia | | | | | | | * Cinta antiderrapante | | | | | | | | | | | | | | | | | | * Salidas de emergencia | | | | | | | | | | | | | | | | | * Circuito cerrado de T.V. | | | | | | | | | | |
| * Sensores de movimiento | | | | | | | * Sensores de ruptura de cristales | | | | | | | | | | | | | | | | | | | | | | | | Observaciones: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipo de identificación personal para los brigadistas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Chalecos | | | * Brazaletes | | | | | | | | | | * Equipo contra incendio | | | | | | | | | | | | | | | | | | | | * Casacas | | | | | | | | * Silbatos | | | | | | | | | | | |
| * Equipo de rescate | | | * Cascos | | | | | | | | | | * Lámparas sordas | | | | | | | | | | | | | | | | | | | | * Cachuchas | | | | | | | | * Otros: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Módulo 3* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Programa de Capacitación** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | | * Sí | | | | | * No | | |
| * Protección civil | | | | | | | | | | | | | | * Primeros auxilios | | | | | | | | | | | | | | | | | | | | | | | | Presenta constancias | | | | | | | * Sí | | | | | * No | | |
| * Prevención y combate de incendios | | | | | | | | | | | | | | * Evacuación de inmuebles | | | | | | | | | | | | | | | | | | | | | | | | Presenta evidencia | | | | | | | * Sí | | | | | * No | | |
| * Búsqueda y rescate | | | | | | | | | | | | | | * Amenaza de bomba | | | | | | | | | | | | | | | | | | | | | | | | | * Manejo de sustancias químicas | | | | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Difusión y concientización** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Presenta evidencia | | | | | | | * Sí | | | | | * No | | |
| * Seminarios | | | | | | | * Conferencias | | | | | | | | | | | | | | | | | | * Talleres | | | | | | | | | | | | | | | | | * Intranet | | | | | | | | | | |
| **Material de difusión** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Presenta documento | | | | | | | * Sí | | | | | * No | | |
| * Carteles | | | | | | | * Folletos | | | | | | | | | | | | | | | | | | * Trípticos | | | | | | | | | | | | | | | | | * Videos | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ejercicios de gabinete** | | | | | | | | | | | | | | Presenta documento | | | | | | | | | | | | | | | * Sí | | | | | * No | | | | Presenta evidencia | | | | | | | * Sí | | | | | * No | | |
| 1. Fecha: | |  | | | | | | Hipótesis: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Fecha: | |  | | | | | | Hipótesis: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Simulacros de campo** | | | | | | | | | | | | | | | Presenta documento | | | | | | | | | | | | | | | * Sí | | | | | | * No | | | | Presenta evidencia | | | | | | * Sí | | | | | | * No |
| 1. Fecha: |  | | | | | | | | | | | | | | | | | | Personas evacuadas: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Hipótesis: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Fecha: |  | | | | | | | | | | | | | | | | | | Personas evacuadas: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Hipótesis: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

***3. SUBPROGRAMA DE AUXILIO***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan de alertamiento** | | | | Presenta documento | | * Sí | * No |
| * Desarrollo | * Designación de responsables | | | | * Difusión del plan | | |
| Observaciones: | | | | | | | |
|  | | | | | | | |
| **Plan de emergencia** | | | | Presenta documento | | * Sí | * No |
| * Desarrollo | | * Designación de responsables | * Programa de apoyo mutuo- PIPC | | | | |
| * Procedimientos específicos de actuación | | * Difusión del plan |  | | | | |
| Observaciones: | | | | | | | |
|  | | | | | | | |
| **Plan de evaluación de daños** | | | | Presenta documento | | * Sí | * No |
| * Desarrollo | | * Designación de responsables | * Intervención de peritos | | | | |
| * Procedimientos específicos de evaluación | | * Difusión del plan |  | | | | |
| Observaciones: | | | | | | | |
|  | | | | | | | |

***4. SUBPROGRAMA DE RECUPERACIÓN***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan de vuelta a la normalidad** | | | Presenta documento | * Sí | * No |
| * Desarrollo | * Designación de responsables | * Restablecimiento de servicios | | | |
| * Verificación de equipo | * Retorno a las instalaciones | * Plan de continuidad de operaciones | | | |
| Observaciones: | | | | | |
|  | | | | | |

***5. RECORRIDO POR LAS INSTALACIONES***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Apreciación visual*** | ***Estado*** | | | ***No aplica*** | ***En obra*** |
| ***Bueno*** | ***Regular*** | ***Malo*** |
| Instalaciones eléctricas |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Instalaciones hidrosanitarias |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Instalaciones de gas |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Instalaciones de comunicación |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Elevadores |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Apreciación visual*** | ***Estado*** | | | ***No aplica*** | ***En obra*** |
| ***Bueno*** | ***Regular*** | ***Malo*** |
| Instalaciones especiales |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Equipos sujetos a presión |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Elementos estructurales |  |  |  |  |  |
| Observaciones: | | | | | |
|  | | | | | |
| Elementos no estructurales |  |  |  |  |  |
| Observaciones: | | | | | |
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***6. OBSERVACIÓN AL INMUEBLE***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Distribución de áreas | | * Adecuada | | | | | * Inadecuada | | |
| El inmueble es apropiado para las actividades que se realizan | | | | * Sí | | | | | * No |
| Rutas de evacuación | * Adecuada | | * Inadecuada | | * Suficientes | | | | * Insuficientes |
| Recibimos el Programa Interno de Protección Civil de la Dependencia o Institución | | | | | | * Sí | | * Impreso | |
| * No | | * Archivo magnético | |

***7. OBSERVACIONES GENERALES***

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| ***LA DOCUMENTACIÓN QUE SE RECIBE EN EL ACTO Y LA QUE SEA ENVIADA POSTERIORMENTE, SERÁ ANALIZADA Y EVALUADA.***  ***LA DEPENDENCIA O INSTITUCIÓN O EMPRESA, DEBERÁN SOLVENTAR LAS DEFICIENCIAS Y OBSERVACIONES CONTENIDAS EN LA PRESENTE ACTA, REMITIENDO A LA COORDINACIÓN ESTATAL DE PROTECCIÓN CIVIL, LA DOCUMENTACIÓN FALTANTE Y LA EVIDENCIA FOTOGRÁFICA QUE SUSTENTE EL CUMPLIMIENTO A LAS DISPOSICIONES DE SEGURIDAD SEÑALADAS, EN EL PLAZO CONVENIDO.***  ***\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_***  ***PLAZO CONVENIDO***  ***CONCLUIDO EL ACTO, FIRMAN AL CALCE LOS PRESENTES:*** | |
| POR LA COORDINACIÓN ESTATAL DE PROTECCIÓN CIVIL | |
|  |  |
| Nombre, Cargo y Firma de los Funcionarios, Representantes | |
| POR LA DEPENDENCIA O INSTITUCIÓN O EMPRESA | |
| Responsable del inmueble | Responsable del Programa Interno de Protección Civil |
| Nombre, Cargo y Firma de los Funcionarios, Representantes | |
| POR LA DIRECCIÓN MUNICIPAL DE PROTECCIÓN CIVIL | |
|  |  |
| Nombre, Cargo y Firma de los Funcionarios, Representantes | |