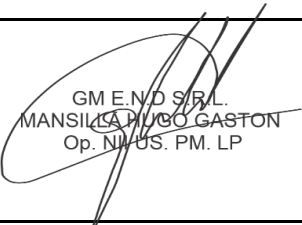


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>INFORME DE I.N.D</b>             |                                         | <b>Nº 12.238</b><br>HOJA 1 de 2 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|---------------------------------|---------------------------|----------------------------|-------------------------------------|-------------------------------------|-------------------|-------------------------------------|----------------------------|----------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|----------|----------|---------------------|---------|-------|----------|----------|----------------|------------|-----------------|----------|----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PORTAVOLQUETE</b>                |                                         |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | CLIENTE: <b>VIENTOS EL SUR SRL</b>      | FECHA:                          | 31 / 05 / 2022            |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | EQUIPO: N/A                             | LUGAR DE INSPECCIÓN:            | <b>BASE GM END S.R.L.</b> |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| MARCA: <b>IVECO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MODELO: <b>TECTOR</b>               | DOMINIO: <b>AF-152-KP</b>               |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Nº PARTE: <b>2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IDENT Nº: <b>784</b>                | VIGENCIA: <b>12 MESES</b>               |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <table border="0"> <tr> <td>Inspección a metal limpio:</td> <td>Arenado</td> <td><input checked="" type="checkbox"/></td> <td>Limpieza Mecánica</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td><input checked="" type="checkbox"/></td> <td>Armado</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td><input checked="" type="checkbox"/></td> <td>Humedas</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td><input checked="" type="checkbox"/></td> <td>Armado</td> <td><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                         |                                 |                           | Inspección a metal limpio: | Arenado                             | <input checked="" type="checkbox"/> | Limpieza Mecánica | <input type="checkbox"/>            | Condiciones de Inspección: | Desarmado            | <input checked="" type="checkbox"/> | Armado                   | <input type="checkbox"/> | Inspección con partículas:          | Secas                    | <input checked="" type="checkbox"/> | Humedas                             | <input type="checkbox"/> | Condiciones de Entrega: | Desarmado                           | <input checked="" type="checkbox"/> | Armado                                                                               | <input type="checkbox"/> |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Arenado                             | <input checked="" type="checkbox"/>     | Limpieza Mecánica               | <input type="checkbox"/>  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Desarmado                           | <input checked="" type="checkbox"/>     | Armado                          | <input type="checkbox"/>  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Secas                               | <input checked="" type="checkbox"/>     | Humedas                         | <input type="checkbox"/>  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Desarmado                           | <input checked="" type="checkbox"/>     | Armado                          | <input type="checkbox"/>  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <table border="1"> <thead> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>9078</td> <td>END 224-10</td> <td>30/8/2010</td> <td>VER INT. UV</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>06301</td> <td>3/8/2021</td> <td>3/8/2022</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>3/8/2021</td> <td>3/8/2022</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </tbody> </table> |                                     |                                         |                                 |                           | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE                  | Nº DE CERTIFICADO                   | F. CALIBRACIÓN    | F. DE VENCIMIENTO                   | LÁMPARA UV                 | 9078                 | END 224-10                          | 30/8/2010                | VER INT. UV              | YUGO                                | 0586                     | 5864                                | 8/9/2021                            | 8/9/2022                 | BOBINA AC-DC            | 17052908                            | 06299                               | 8/5/2020                                                                             | 8/5/2025                 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 06301 | 3/8/2021 | 3/8/2022 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 3/8/2021 | 3/8/2022 | PARTICULAS S/H | 1701005785 | 049552000190002 | 8/9/2021 | 8/9/2022 | MASA PATRON | 864 | 06303 | 8/5/2020 | 8/5/2025 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nº DE SERIE / LOTE                  | Nº DE CERTIFICADO                       | F. CALIBRACIÓN                  | F. DE VENCIMIENTO         |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9078                                | END 224-10                              | 30/8/2010                       | VER INT. UV               |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0586                                | 5864                                    | 8/9/2021                        | 8/9/2022                  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17052908                            | 06299                                   | 8/5/2020                        | 8/5/2025                  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GM 064                              | NO APLICA                               | NO APLICA                       | NO APLICA                 |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 070801317                           | 06301                                   | 3/8/2021                        | 3/8/2022                  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AC49723                             | 06302                                   | 3/8/2021                        | 3/8/2022                  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1701005785                          | 049552000190002                         | 8/9/2021                        | 8/9/2022                  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 864                                 | 06303                                   | 8/5/2020                        | 8/5/2025                  |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                         |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <table border="1"> <thead> <tr> <th></th> <th>APTO</th> <th>NO APTO</th> </tr> </thead> <tbody> <tr> <td>Detección de Fisuras</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Cadena</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Planchuela</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Anclaje</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Grampa</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Soldadura</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                        |                                     |                                         | APTO                            | NO APTO                   | Detección de Fisuras       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Estado de Cadena  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Estado de Planchuela | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Anclaje        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Grampa                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Soldadura     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | APTO                                | NO APTO                                 |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Estado de Cadena                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Estado de Planchuela                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Estado de Anclaje                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Estado de Grampa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Estado de Soldadura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                         |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                         | <b>SI</b>                       |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                         |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                         |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| <br>GM E.N.D. S.R.L.<br>MANSILLA RUGO GASTON<br>Op. NIV. US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | PRECINTO Nº<br>FECHA PUESTA EN VIGENCIA |                                 |                           |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | FIRMA CLIENTE - ACLARACIÓN              |                                 | FIRMA - ACLARACIÓN        |                            |                                     |                                     |                   |                                     |                            |                      |                                     |                          |                          |                                     |                          |                                     |                                     |                          |                         |                                     |                                     |                                                                                      |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |          |          |             |     |       |          |          |

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# INFORME DE I.N.D

Nº 12.238

HOJA 2 de 2

## PORTAVOLQUETE

PROCEDIMIENTO: PO 01

☒

CLIENTE:

VIENTOS EL SUR SRL

FECHA

31

05

2022

PRÁCTICA DEL CLIENTE

☐

EQUIPO:

N/A

LUGAR DE INSPECCIÓN:

BASE GM END S.R.L.



GM E.N.D. S.R.L.  
MANSILLA HUGO GASTON  
Op. NIÑOS. PM. LP

PRECINTO Nº

FECHA PUESTA EN VIGENCIA

FIRMA OPERADOR GM END S.R.L.

FIRMA CLIENTE - ACLARACIÓN

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