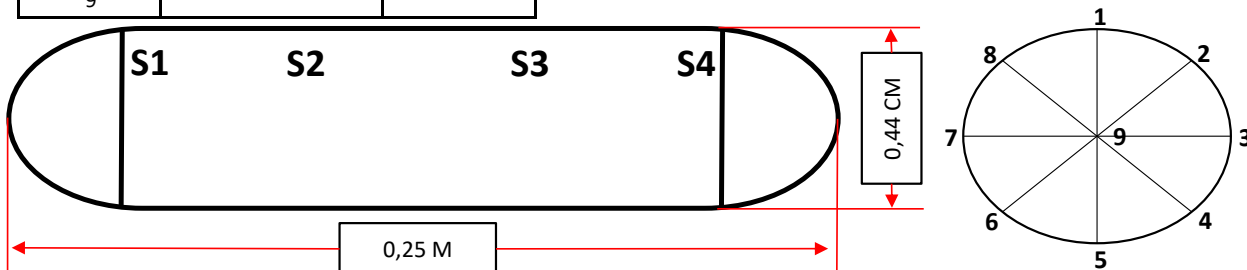
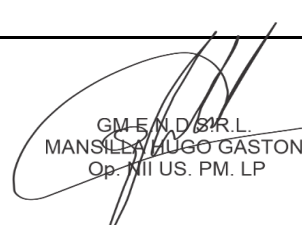
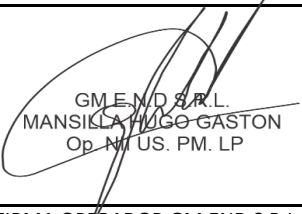


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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TANQUE DE AIRE</b>                    |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PROCEDIMIENTO: <b>PO 31</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>      | CLIENTE: <b>MACRICO S.R.L.</b>                                                                                                                                                                                | FECHA:                          | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">07</td> <td style="width: 30px; text-align: center;">06</td> <td style="width: 30px; text-align: center;">2022</td> </tr> </table> | 07                                        | 06                               | 2022                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 06                                       | 2022                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                 | Nº PARTE: <b>2.281</b>                                                                                                                                                                                        | LUGAR DE INSPECCIÓN:            | <b>BASE CLIENTE</b>                                                                                                                                                                                                                                               |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| MARCA: <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IDENT Nº: <b>002.</b>                    | VIGENCIA:                                                                                                                                                                                                     | <b>12 MESES</b>                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">           Inspección a metal limpio:         </td> <td style="width: 33%;">           Arenado <input type="checkbox"/> </td> <td style="width: 33%;">           Limpieza Mecánica <input checked="" type="checkbox"/> </td> </tr> <tr> <td>           Inspección con Ultrasonido         </td> <td>           Falla <input type="checkbox"/> </td> <td>           Espesor <input checked="" type="checkbox"/> </td> </tr> <tr> <td>           Inspección por Partículas Mag.         </td> <td>           Húmedas <input type="checkbox"/> </td> <td>           Secas <input checked="" type="checkbox"/> </td> </tr> <tr> <td>           Prueba de Estanqueidad         </td> <td>           Si <input checked="" type="checkbox"/> </td> <td>           No <input type="checkbox"/> </td> </tr> <tr> <td></td> <td>           Presión de Diseño         </td> <td> <input type="text"/> </td> </tr> <tr> <td>           Prueba Hidráulica         </td> <td>           Presión de Prueba         </td> <td> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; text-align: center;">120</td> <td style="width: 50px; text-align: center;">PSI</td> </tr> </table> </td> </tr> <tr> <td></td> <td>           Presión de Trabajo         </td> <td> <input type="text"/> </td> </tr> <tr> <td>           Tipo de Tanque         </td> <td>           Vertical <input type="checkbox"/> </td> <td>           Horizontal <input checked="" type="checkbox"/> </td> </tr> <tr> <td>           Producto Almacenado         </td> <td>           Aire <input checked="" type="checkbox"/> </td> <td>           Gas Oil <input type="checkbox"/> </td> </tr> </table> |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   | Inspección a metal limpio:                | Arenado <input type="checkbox"/> | Limpieza Mecánica <input checked="" type="checkbox"/> | Inspección con Ultrasonido | Falla <input type="checkbox"/> | Espesor <input checked="" type="checkbox"/> | Inspección por Partículas Mag. | Húmedas <input type="checkbox"/> | Secas <input checked="" type="checkbox"/> | Prueba de Estanqueidad | Si <input checked="" type="checkbox"/> | No <input type="checkbox"/> |       | Presión de Diseño | <input type="text"/> | Prueba Hidráulica   | Presión de Prueba | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; text-align: center;">120</td> <td style="width: 50px; text-align: center;">PSI</td> </tr> </table> | 120      | PSI      |                | Presión de Trabajo | <input type="text"/> | Tipo de Tanque | Vertical <input type="checkbox"/> | Horizontal <input checked="" type="checkbox"/> | Producto Almacenado | Aire <input checked="" type="checkbox"/> | Gas Oil <input type="checkbox"/> |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arenado <input type="checkbox"/>         | Limpieza Mecánica <input checked="" type="checkbox"/>                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Inspección con Ultrasonido                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Falla <input type="checkbox"/>           | Espesor <input checked="" type="checkbox"/>                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Inspección por Partículas Mag.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Húmedas <input type="checkbox"/>         | Secas <input checked="" type="checkbox"/>                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Prueba de Estanqueidad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Si <input checked="" type="checkbox"/>   | No <input type="checkbox"/>                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
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| Prueba Hidráulica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Presión de Prueba                        | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; text-align: center;">120</td> <td style="width: 50px; text-align: center;">PSI</td> </tr> </table> | 120                             | PSI                                                                                                                                                                                                                                                               |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PSI                                      |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
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| Tipo de Tanque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Vertical <input type="checkbox"/>        | Horizontal <input checked="" type="checkbox"/>                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Producto Almacenado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Aire <input checked="" type="checkbox"/> | Gas Oil <input type="checkbox"/>                                                                                                                                                                              |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">EQUIPO UTILIZADO</th> <th style="width: 20%;">Nº DE SERIE / LOTE</th> <th style="width: 20%;">Nº DE CERTIFICADO</th> <th style="width: 20%;">F. CALIBRACIÓN</th> <th style="width: 15%;">F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>EQUIPO UT</td> <td>060913/2</td> <td>06300</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>jul-17</td> <td>jul-22</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              | YUGO                                        | 0586                           | 5864                             | 8/9/2021                                  | 8/9/2022               | EQUIPO UT                              | 060913/2                    | 06300 | 8/9/2021          | 8/9/2022             | MEDIDOR INT. LUZ UV | AC49723           | 06302                                                                                                                                                                                                         | 8/9/2021 | 8/9/2022 | PARTICULAS S/H | 1701005785         | 049552000190002      | jul-17         | jul-22                            | MASA PATRON                                    | 864                 | 06303                                    | 8/5/2020                         | 8/5/2025 |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nº DE SERIE / LOTE                       | Nº DE CERTIFICADO                                                                                                                                                                                             | F. CALIBRACIÓN                  | F. DE VENCIMIENTO                                                                                                                                                                                                                                                 |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0586                                     | 5864                                                                                                                                                                                                          | 8/9/2021                        | 8/9/2022                                                                                                                                                                                                                                                          |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 060913/2                                 | 06300                                                                                                                                                                                                         | 8/9/2021                        | 8/9/2022                                                                                                                                                                                                                                                          |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AC49723                                  | 06302                                                                                                                                                                                                         | 8/9/2021                        | 8/9/2022                                                                                                                                                                                                                                                          |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1701005785                               | 049552000190002                                                                                                                                                                                               | jul-17                          | jul-22                                                                                                                                                                                                                                                            |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 864                                      | 06303                                                                                                                                                                                                         | 8/5/2020                        | 8/5/2025                                                                                                                                                                                                                                                          |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8" style="text-align: center;">MEDICIÓN DE ESPESORES POR ULTRASONIDO EN:</th> </tr> <tr> <th style="width: 10%;">PUNTO</th> <th style="width: 15%;">CASQUETE A</th> <th style="width: 15%;">CASQUETE B</th> <th style="width: 10%;">S1</th> <th style="width: 10%;">S2</th> <th style="width: 10%;">S3</th> <th style="width: 10%;">S4</th> <th style="width: 10%;">ESPESOR MÍNIMO</th> </tr> </thead> <tbody> <tr><td>1</td><td>2,3</td><td>2,3</td><td>2,2</td><td>2,2</td><td>2,3</td><td>2,4</td><td>2,20</td></tr> <tr><td>2</td><td>2,7</td><td>2,3</td><td>2,3</td><td>2,4</td><td>2,5</td><td>2,4</td><td>2,40</td></tr> <tr><td>3</td><td>2,3</td><td>2,3</td><td>2,3</td><td>2,3</td><td>2,4</td><td>2,5</td><td>2,30</td></tr> <tr><td>4</td><td>2,7</td><td>2,4</td><td>2,3</td><td>2,2</td><td>2,3</td><td>2,4</td><td>2,20</td></tr> <tr><td>5</td><td>2,4</td><td>2,3</td><td>2,3</td><td>2,3</td><td>2,3</td><td>2,3</td><td>2,30</td></tr> <tr><td>6</td><td>2,3</td><td>2,2</td><td>2,3</td><td>2,2</td><td>2,2</td><td>2,4</td><td>2,20</td></tr> <tr><td>7</td><td>2,7</td><td>2,2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td>2,3</td><td>2,3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   | MEDICIÓN DE ESPESORES POR ULTRASONIDO EN: |                                  |                                                       |                            |                                |                                             |                                |                                  | PUNTO                                     | CASQUETE A             | CASQUETE B                             | S1                          | S2    | S3                | S4                   | ESPESOR MÍNIMO      | 1                 | 2,3                                                                                                                                                                                                           | 2,3      | 2,2      | 2,2            | 2,3                | 2,4                  | 2,20           | 2                                 | 2,7                                            | 2,3                 | 2,3                                      | 2,4                              | 2,5      | 2,4 | 2,40 | 3 | 2,3 | 2,3 | 2,3 | 2,3 | 2,4 | 2,5 | 2,30 | 4 | 2,7 | 2,4 | 2,3 | 2,2 | 2,3 | 2,4 | 2,20 | 5 | 2,4 | 2,3 | 2,3 | 2,3 | 2,3 | 2,3 | 2,30 | 6 | 2,3 | 2,2 | 2,3 | 2,2 | 2,2 | 2,4 | 2,20 | 7 | 2,7 | 2,2 |  |  |  |  |  | 8 | 2,3 | 2,3 |  |  |  |  |  | 9 |  |  |  |  |  |  |  |
| MEDICIÓN DE ESPESORES POR ULTRASONIDO EN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PUNTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CASQUETE A                               | CASQUETE B                                                                                                                                                                                                    | S1                              | S2                                                                                                                                                                                                                                                                | S3                                        | S4                               | ESPESOR MÍNIMO                                        |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,7                                      | 2,3                                                                                                                                                                                                           | 2,3                             | 2,4                                                                                                                                                                                                                                                               | 2,5                                       | 2,4                              | 2,40                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,3                                      | 2,3                                                                                                                                                                                                           | 2,3                             | 2,3                                                                                                                                                                                                                                                               | 2,4                                       | 2,5                              | 2,30                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,3                                      | 2,3                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p style="font-size: small;">GM E.N.D. S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op. III US. PM. LP</p> </div> <div style="width: 30%; border: 1px solid black; height: 80px;"></div> <div style="width: 30%;"> <p>PRECINTO Nº</p> <p>FECHA PUESTA EN VIGENCIA</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | FIRMA CLIENTE - ACLARACIÓN                                                                                                                                                                                    |                                 | FIRMA - ACLARACIÓN                                                                                                                                                                                                                                                |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                      |                     |                   |                                                                                                                                                                                                               |          |          |                |                    |                      |                |                                   |                                                |                     |                                          |                                  |          |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |     |     |  |  |  |  |  |   |     |     |  |  |  |  |  |   |  |  |  |  |  |  |  |

|                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|-------------------------------------|---------------------------------------------------|-------------------------------------|--------------------------|--|--|--|
|                                                                     | <b>INFORME DE I.N.D</b>                                                                                                                                                                                                                                   |                                         | <b>Nº 12.265</b><br>HOJA 2 de 2 |                                     |                                                   |                                     |                          |  |  |  |
|                                                                                                                                                     | <b>TANQUE DE AIRE</b>                                                                                                                                                                                                                                     |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| PROCEDIMIENTO: <b>PO 31</b>                                                                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | CLIENTE: <b>MACRICO S.R.L.</b>          | FECHA:                          | 07 / 06 / 2022                      |                                                   |                                     |                          |  |  |  |
| PRÁCTICA DEL CLIENTE                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                  | Nº PARTE: <b>2.281</b>                  | LUGAR DE INSPECCIÓN:            | <b>BASE CLIENTE</b>                 |                                                   |                                     |                          |  |  |  |
| <b>DESCRIPCIÓN</b>                                                                                                                                  | <table border="1"> <tr> <td>APTO</td> <td>NO APTO</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | APTO                                    | NO APTO                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| APTO                                                                                                                                                | NO APTO                                                                                                                                                                                                                                                   |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                  |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                  |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| Detección de Fisuras                                                                                                                                |                                                                                                                                                                                                                                                           |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| Medidas dentro de Tolerancia                                                                                                                        |                                                                                                                                                                                                                                                           |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
|                                                                  |                                                                                                                                                                                                                                                           |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
|                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| <table border="1"> <tr> <td>           Aprobación según procedimiento Nº PO 31 ASME VIII         </td> <td> <b>SI</b> </td> </tr> </table>          |                                                                                                                                                                                                                                                           |                                         |                                 |                                     | Aprobación según procedimiento Nº PO 31 ASME VIII | <b>SI</b>                           |                          |  |  |  |
| Aprobación según procedimiento Nº PO 31 ASME VIII                                                                                                   | <b>SI</b>                                                                                                                                                                                                                                                 |                                         |                                 |                                     |                                                   |                                     |                          |  |  |  |
| <br>GME.N.D S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NIT US. PM. LP | FIRMA CLIENTE - ACLARACIÓN                                                                                                                                                                                                                                | PRECINTO Nº<br>FECHA PUESTA EN VIGENCIA |                                 |                                     |                                                   |                                     |                          |  |  |  |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                        | FIRMA CLIENTE - ACLARACIÓN                                                                                                                                                                                                                                | FIRMA - ACLARACIÓN                      |                                 |                                     |                                                   |                                     |                          |  |  |  |

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