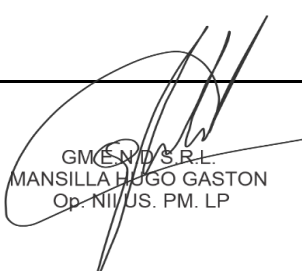


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>INFORME DE I.N.D</b>                                                                                                                                                                               |                                     |                                                | <b>Nº 12.771</b><br>HOJA 1 de 1     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>GRILLETE OMEGA</b>                                                                                                                                                                                 |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                   | CLIENTE: <b>TRANSPORTE MASSEO</b>   | FECHA:                                         | 26                                  | 09 | 2022 |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                              | INTERNO:                            | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b> |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MARCA: <b>CROSBY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIAMETRO: <b>3/4"</b>                                                                                                                                                                                 | CAPACIDAD: <b>4,5 TONELADAS</b>     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Nº PARTE: <b>2655</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IDENT Nº: <b>.014</b>                                                                                                                                                                                 | VIGENCIA: <b>12 MESES</b>           |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Inspección a metal limpio:</td> <td style="width: 33%;">Arenado</td> <td style="width: 33%; text-align: center;"> <input checked="" type="checkbox"/> </td> <td style="width: 33%;">Limpieza Mecánica</td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> </td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td>Armado</td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> <td></td> <td></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> <td>Humedas</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td></td> <td></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td>Armado</td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> <td></td> <td></td> </tr> </table> |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      | Inspección a metal limpio: | Arenado                                                                                                                                                                                               | <input checked="" type="checkbox"/> | Limpieza Mecánica | <input type="checkbox"/> |                      |                                     | Condiciones de Inspección: | Desarmado         | <input type="checkbox"/>            | Armado | <input checked="" type="checkbox"/> |                                     |          | Inspección con partículas: | Secas                               | <input checked="" type="checkbox"/> | Humedas | <input type="checkbox"/> |          |                  | Condiciones de Entrega: | Desarmado | <input type="checkbox"/> | Armado    | <input checked="" type="checkbox"/> |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Arenado                                                                                                                                                                                               | <input checked="" type="checkbox"/> | Limpieza Mecánica                              | <input type="checkbox"/>            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Desarmado                                                                                                                                                                                             | <input type="checkbox"/>            | Armado                                         | <input checked="" type="checkbox"/> |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Secas                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | Humedas                                        | <input type="checkbox"/>            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Desarmado                                                                                                                                                                                             | <input type="checkbox"/>            | Armado                                         | <input checked="" type="checkbox"/> |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> <tr> <td>LÁMPARA UV</td> <td>9078</td> <td>END 224-10</td> <td>30/8/2010</td> <td>VER INT. UV</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>06301</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>8/9/2022,</td> <td>8/9/2023,</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </table>                                                                                    |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE                                                                                                                                                                                    | Nº DE CERTIFICADO                   | F. CALIBRACIÓN    | F. DE VENCIMIENTO        | LÁMPARA UV           | 9078                                | END 224-10                 | 30/8/2010         | VER INT. UV                         | YUGO   | 0586                                | 5864                                | 8/9/2022 | 8/9/2023                   | BOBINA AC-DC                        | 17052908                            | 06299   | 8/9/2022                 | 8/9/2023 | MEDIDOR DE CAMPO | GM 064                  | NO APLICA | NO APLICA                | NO APLICA | MED. INT. LUZ V                     | 070801317 | 06301 | 8/9/2022 | 8/9/2023 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 8/9/2022 | 8/9/2023 | PARTICULAS S/H | 1701005785 | 049552000190002 | 8/9/2022, | 8/9/2023, | MASA PATRON | 864 | 06303 | 8/5/2020 | 8/5/2025 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nº DE SERIE / LOTE                                                                                                                                                                                    | Nº DE CERTIFICADO                   | F. CALIBRACIÓN                                 | F. DE VENCIMIENTO                   |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9078                                                                                                                                                                                                  | END 224-10                          | 30/8/2010                                      | VER INT. UV                         |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0586                                                                                                                                                                                                  | 5864                                | 8/9/2022                                       | 8/9/2023                            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17052908                                                                                                                                                                                              | 06299                               | 8/9/2022                                       | 8/9/2023                            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GM 064                                                                                                                                                                                                | NO APLICA                           | NO APLICA                                      | NO APLICA                           |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 070801317                                                                                                                                                                                             | 06301                               | 8/9/2022                                       | 8/9/2023                            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AC49723                                                                                                                                                                                               | 06302                               | 8/9/2022                                       | 8/9/2023                            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1701005785                                                                                                                                                                                            | 049552000190002                     | 8/9/2022,                                      | 8/9/2023,                           |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 864                                                                                                                                                                                                   | 06303                               | 8/5/2020                                       | 8/5/2025                            |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">APTO</td> <td style="width: 50%; text-align: center;">NO APTO</td> </tr> </table> | APTO                                | NO APTO                                        |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| APTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO APTO                                                                                                                                                                                               |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/>                                                                                                                                                                   |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condición de Ojal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                                                                                                                                   |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condición de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                   |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condición de Eje                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/>                                                                                                                                                                   |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |                                     |                                                | <b>SI</b>                           |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  <p style="font-size: small;">GM END S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op. NIVUS. PM. LP</p> </div> <div style="width: 30%;"></div> <div style="width: 30%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRECINTO Nº</td> <td style="width: 50%; text-align: center;">N/A</td> </tr> <tr> <td colspan="2">FECHA PUESTA EN VIGENCIA</td> </tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      | PRECINTO Nº                | N/A                                                                                                                                                                                                   | FECHA PUESTA EN VIGENCIA            |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRECINTO Nº                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A                                                                                                                                                                                                   |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FECHA PUESTA EN VIGENCIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                     |                                                |                                     |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                       | FIRMA CLIENTE - ACLARACIÓN          |                                                | FIRMA - ACLARACIÓN                  |    |      |                            |                                                                                                                                                                                                       |                                     |                   |                          |                      |                                     |                            |                   |                                     |        |                                     |                                     |          |                            |                                     |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |

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