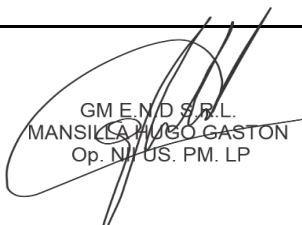


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INFORME DE I.N.D</b>                                                                                                            |                                                       | <b>Nº 13.276</b><br>HOJA 1 de 1 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-------------------------------------------------------|----------------------------|------------------------------------|--------------------------------------------|----------------------------|-------------------------------------------|----------------------------------|-------------------------|------------------------------------|--------------------------------------------|------|----------|----------|-----------------|-----------|-------|----------|----------|---------------------|---------|-------|----------|----------|----------------|------------|-----------------|-----------|-----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PERNO DE ENGANCHE</b>                                                                                                           |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>                                                                                                | CLIENTE: <b>CRANE S.R.L.</b>                          | FECHA:                          | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>16</td> <td>01</td> <td>2023</td> </tr> </table> | 16                         | 01                               | 2023                                                  |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01                                                                                                                                 | 2023                                                  |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                           | Nº PARTE: <b>2.699</b>                                | LUGAR DE INSPECCIÓN:            | <b>BASE CLIENTE</b>                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MARCA: <b>JOST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    | DIÁMETRO: <b>50,3</b>                                 | Nº DE PIEZA:                    | <b>211</b>                                                                                                            |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| INTERNO: <b>211</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    | CAPACIDAD: <b>65000 KG</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>Condiciones de Inspección:</td> <td>Desarmado <input type="checkbox"/></td> <td>Armado <input checked="" type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas <input checked="" type="checkbox"/></td> <td>Húmedas <input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado <input type="checkbox"/></td> <td>Armado <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                  |                                                                                                                                    |                                                       |                                 |                                                                                                                       | Inspección a metal limpio: | Arenado <input type="checkbox"/> | Limpieza Mecánica <input checked="" type="checkbox"/> | Condiciones de Inspección: | Desarmado <input type="checkbox"/> | Armado <input checked="" type="checkbox"/> | Inspección con partículas: | Secas <input checked="" type="checkbox"/> | Húmedas <input type="checkbox"/> | Condiciones de Entrega: | Desarmado <input type="checkbox"/> | Armado <input checked="" type="checkbox"/> |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Arenado <input type="checkbox"/>                                                                                                   | Limpieza Mecánica <input checked="" type="checkbox"/> |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Desarmado <input type="checkbox"/>                                                                                                 | Armado <input checked="" type="checkbox"/>            |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Secas <input checked="" type="checkbox"/>                                                                                          | Húmedas <input type="checkbox"/>                      |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Desarmado <input type="checkbox"/>                                                                                                 | Armado <input checked="" type="checkbox"/>            |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1" style="width: 100%; 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>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 | 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                                                                                                              |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <b>DESCRIPCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">APTO</td> <td style="width: 50%;">NO APTO</td> </tr> </table> | APTO                                                  | NO APTO                         |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| APTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NO APTO                                                                                                                            |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">X</td> <td style="width: 50%;"></td> </tr> </table>           | X                                                     |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Estado de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">X</td> <td style="width: 50%;"></td> </tr> </table>           | X                                                     |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 34 ASME V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                       | SI                              |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    |                                                       |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <br>GM E.N.D. S.R.L.<br>MANSILLA PIUSO GASTON<br>Op. M.I. US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    | PRECINTO Nº                                           |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    | FECHA PUESTA EN VIGENCIA                              |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRMA CLIENTE - ACLARACIÓN                                                                                                         | FIRMA - ACLARACIÓN                                    |                                 |                                                                                                                       |                            |                                  |                                                       |                            |                                    |                                            |                            |                                           |                                  |                         |                                    |                                            |      |          |          |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |

TIRSO LOPEZ Nº 636 - Bo INDUSTRIAL - COM. RIV. - CHUBUT - 9000 - CEL: (0297) 15-6256447 - EMAIL: mansilla.end@gmail.com