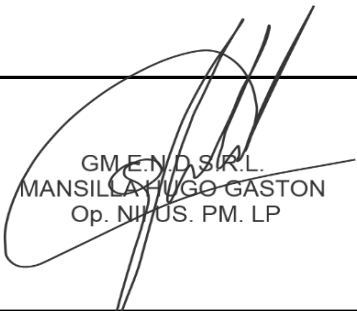


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>INFORME DE I.N.D</b>             |                               |                                          | <b>Nº 13.512</b><br>HOJA 1 de 1 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|------------------------------------------|---------------------------------|--------------------|----|------------------|--------------------|-------------------|----------------------|-------------------------------------|--------------------------|------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|--------------------------|------------------|-------------------------------------|--------------------------|--------------|----------|-------|----------|----------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|----------|----------|---------------------|---------|-------|----------|----------|----------------|------------|-----------------|--------|--------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>LLAVE HCA DE VARILLA</b>         |                               |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 41</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLIENTE: <b>MACRICO S.R.L.</b>      |                               |                                          | FECHA:                          | 20                 | 03 | 2023             |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EQUIPO: <b>#08</b>                  |                               | LUGAR DE INSPECCIÓN: <b>BASE CLIENTE</b> |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MARCA: <b>BJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MODELO: <b>M40</b>                  | CAP. TORQUE: <b>2040/2766</b> |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| IDENT Nº: <b>771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Nº PARTE: <b>2759</b>               | VIGENCIA: <b>12 MESES</b>     |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Inspección a metal limpio: Arenado <input type="checkbox"/> Limpieza Mecánica <input checked="" type="checkbox"/><br>Condiciones de Inspección: Desarmado <input checked="" type="checkbox"/> Armado <input type="checkbox"/><br>Inspección con partículas: Secas <input type="checkbox"/> Húmedas <input checked="" type="checkbox"/><br>Condiciones de Entrega: Desarmado <input checked="" type="checkbox"/> Armado <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                               |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>9078</td> <td>END 224-10</td> <td>30/8/2010</td> <td>VER INT. UV</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>06301</td> <td>8/3/2022</td> <td>8/9/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>8/3/2022</td> <td>8/9/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>jul-22</td> <td>jul-23</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </tbody> </table> |                                     |                               |                                          |                                 |                    |    | EQUIPO UTILIZADO | Nº DE SERIE / LOTE | Nº DE CERTIFICADO | F. CALIBRACIÓN       | F. DE VENCIMIENTO                   | LÁMPARA UV               | 9078             | END 224-10                          | 30/8/2010                | VER INT. UV        | YUGO                                | 0586                     | 5864             | 8/9/2022                            | 8/9/2023                 | BOBINA AC-DC | 17052908 | 06299 | 8/5/2020 | 8/5/2025 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 06301 | 8/3/2022 | 8/9/2023 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 8/3/2022 | 8/9/2023 | PARTICULAS S/H | 1701005785 | 049552000190002 | jul-22 | jul-23 | 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                         | 8/5/2020                                 | 8/5/2025                        |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GM 064                              | NO APLICA                     | NO APLICA                                | NO APLICA                       |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 070801317                           | 06301                         | 8/3/2022                                 | 8/9/2023                        |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AC49723                             | 06302                         | 8/3/2022                                 | 8/9/2023                        |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1701005785                          | 049552000190002               | jul-22                                   | jul-23                          |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 864                                 | 06303                         | 8/5/2020                                 | 8/5/2025                        |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                               |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>APTO</th> <th>NO APTO</th> </tr> </thead> <tbody> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Estado de Cuerpo</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Estado Ojal Pistón</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ojal de Retenida</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                  |                                     |                               |                                          |                                 |                    |    |                  | APTO               | NO APTO           | Detección de Fisuras | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Cuerpo | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado Ojal Pistón | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ojal de Retenida | <input checked="" type="checkbox"/> | <input type="checkbox"/> |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APTO                                | NO APTO                       |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>      |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Estado de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>      |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Estado Ojal Pistón                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>      |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Ojal de Retenida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>      |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <div style="display: flex; justify-content: space-around;">   </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                               |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 41 API 8 A, B, C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                               |                                          | SI                              |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                               |                                          |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <br>GM E.N.D. S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NIVUS. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                               | PRECINTO Nº                              |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                               | FECHA PUESTA EN VIGENCIA                 |                                 |                    |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                               | FIRMA CLIENTE - ACLARACIÓN               |                                 | FIRMA - ACLARACIÓN |    |                  |                    |                   |                      |                                     |                          |                  |                                     |                          |                    |                                     |                          |                  |                                     |                          |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |