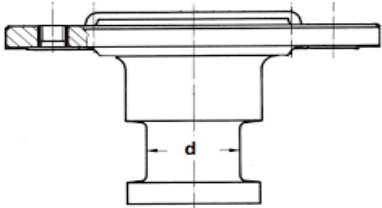
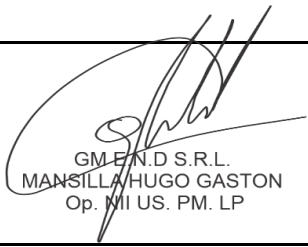


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>INFORME DE I.N.D</b>                                            |                                                       | <b>Nº 13.657</b><br>HOJA 1 de 1                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-------------------------------------------------------|----------------------------|------------------------------------|--------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|------------------------------------|--------------------------------------------|------|----------|---------------------|-----------------|-----------|-------|-----------------|-----------|---------------------|-----------|------------|----------|----------------|----------------|--------------------------------------------------------------------|-----------------|-----------|-----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PERNO DE ENGANCHE</b>                                           |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                | CLIENTE: <b>TRANSPORTE ARTEAGA S.R.L.</b>             | FECHA:                                                                                                                                                                      | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">08</td> <td style="width: 33%;">05</td> <td style="width: 33%;">2023</td> </tr> </table> | 08                         | 05                               | 2023                                                  |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 05                                                                 | 2023                                                  |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                           | Nº PARTE: <b>2.587</b>                                | LUGAR DE INSPECCIÓN:                                                                                                                                                        | <b>BASE CLIENTE</b>                                                                                                                                                               |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| MARCA: <b>JOST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DOMINIO: <b>AA 936 WI</b>                                          | Nº DE PIEZA:                                          | <b>168.</b>                                                                                                                                                                 |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| INTERNO: <b>SR-203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DIAMETRO: <b>50,1 mm</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <th style="width: 35%;">DESCRIPCIÓN</th> <th style="width: 10%;">APTO</th> <th style="width: 10%;">NO APTO</th> <th style="width: 45%;"></th> </tr> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;">X</td> <td></td> <td rowspan="4">  <br/>  </td> </tr> <tr> <td>Estado de Cuerpo</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Tornamesa</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Perno rey</td> <td style="text-align: center;">X</td> <td></td> </tr> </table> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="flex: 1;">  </div> <div style="flex: 1; margin-left: 20px;"> <table style="width: 100%;"> <tr> <td>MARCA</td> <td><b>TORMECAN</b></td> </tr> <tr> <td>CAPACIDAD</td> <td><b>65 TON</b></td> </tr> <tr> <td>Nº IDENT.</td> <td><b>168</b></td> </tr> <tr> <td>DIÁMETRO</td> <td><b>50,1 mm</b></td> </tr> <tr> <td>APROBADO</td> <td>           SI <input checked="" type="checkbox"/> NO <input type="checkbox"/> </td> </tr> </table> </div> </div> |                                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   | DESCRIPCIÓN                | APTO                             | NO APTO                                               |                            | Detección de Fisuras               | X                                          |                            | <br> | Estado de Cuerpo                 | X                       |                                    | Estado de Tornamesa                        | X    |          | Estado de Perno rey | X               |           | MARCA | <b>TORMECAN</b> | CAPACIDAD | <b>65 TON</b>       | Nº IDENT. | <b>168</b> | DIÁMETRO | <b>50,1 mm</b> | APROBADO       | SI <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                 |           |           |             |     |       |          |          |
| DESCRIPCIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APTO                                                               | NO APTO                                               |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X                                                                  |                                                       | <br> |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| Estado de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X                                                                  |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| Estado de Tornamesa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                                                  |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| Estado de Perno rey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                                                  |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| MARCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>TORMECAN</b>                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| CAPACIDAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>65 TON</b>                                                      |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| Nº IDENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>168</b>                                                         |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| DIÁMETRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>50,1 mm</b>                                                     |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| APROBADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SI <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 34 ASME V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                       | <b>SI</b>                                                                                                                                                                   |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  <p style="font-size: small;">GM E.N.D. S.R.L.<br/>MANSILLA/HUGO GASTON<br/>Op. MII US. PM. LP</p> </div> <div style="width: 30%; border-top: 1px solid black;"></div> <div style="width: 35%; border-top: 1px solid black;"> <table style="width: 100%;"> <tr> <td style="width: 50%;">PRECINTO Nº</td> <td></td> </tr> <tr> <td style="width: 50%;">FECHA PUESTA EN VIGENCIA</td> <td></td> </tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   | PRECINTO Nº                |                                  | FECHA PUESTA EN VIGENCIA                              |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| PRECINTO Nº                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| FECHA PUESTA EN VIGENCIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                       |                                                                                                                                                                             |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | FIRMA CLIENTE - ACLARACIÓN                            |                                                                                                                                                                             | FIRMA - ACLARACIÓN                                                                                                                                                                |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                                                                                                             |                                  |                         |                                    |                                            |      |          |                     |                 |           |       |                 |           |                     |           |            |          |                |                |                                                                    |                 |           |           |             |     |       |          |          |