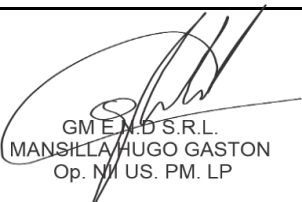


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>INFORME DE I.N.D</b>             |                                     |                      | <b>Nº 14.647</b><br>HOJA 1 de 2     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------|-------------------------------------|----|------|----------------------------|--------------------|--------------------------|----------------------|-------------------------------------|--------------------------|------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------|-------------------------------------|----------------------------|------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|-----------|-------------------------------------|------------|--------------------------|----------|-------|------------|------------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|------------|------------|---------------------|----------|-------|------------|------------|----------------|------------|-----------|----------|----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PORTAVOLQUETE</b>                |                                     |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | CLIENTE: <b>CAM SRL</b>             | FECHA:               | 15                                  | 11 | 2023 |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | EQUIPO: 239                         | LUGAR DE INSPECCIÓN: | <b>BASE CLIENTE</b>                 |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>FORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MODELO: <b>CARGO 1722</b>           | DOMINIO: <b>OUH 196</b>             |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Nº PARTE: <b>2840</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IDENT Nº: <b>239</b>                | VIGENCIA: <b>12 MESES</b>           |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="0"> <tr> <td>Inspección a metal limpio:</td> <td>Arenado</td> <td><input type="checkbox"/></td> <td>Limpieza Mecánica</td> <td><input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td><input checked="" type="checkbox"/></td> <td>Armado</td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td><input checked="" type="checkbox"/></td> <td>Húmedas</td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td><input checked="" type="checkbox"/></td> <td>Armado</td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                      |                                     |    |      | Inspección a metal limpio: | Arenado            | <input type="checkbox"/> | Limpieza Mecánica    | <input checked="" type="checkbox"/> |                          |                  | Condiciones de Inspección:          | Desarmado                | <input checked="" type="checkbox"/> | Armado                              | <input type="checkbox"/> |                   |                                     | Inspección con partículas: | Secas            | <input checked="" type="checkbox"/> | Húmedas                  | <input type="checkbox"/> |                                     |                          | Condiciones de Entrega: | Desarmado | <input checked="" type="checkbox"/> | Armado     | <input type="checkbox"/> |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arenado                             | <input type="checkbox"/>            | Limpieza Mecánica    | <input checked="" type="checkbox"/> |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Desarmado                           | <input checked="" type="checkbox"/> | Armado               | <input type="checkbox"/>            |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Secas                               | <input checked="" type="checkbox"/> | Húmedas              | <input type="checkbox"/>            |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Desarmado                           | <input checked="" type="checkbox"/> | Armado               | <input type="checkbox"/>            |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="1"> <thead> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>9296</td> <td>NO APLICA</td> <td>CALIBRACIÓN INT.</td> <td>-</td> </tr> <tr> <td>YUGO</td> <td>303</td> <td>NO APLICA</td> <td>CALIBRACIÓN INT.</td> <td>-</td> </tr> <tr> <td>EQUIPO UT</td> <td>20200054198</td> <td>40562</td> <td>27/12/2022</td> <td>27/12/2023</td> </tr> <tr> <td>EQUIPO UT</td> <td>5020634</td> <td>45945</td> <td>31/07/2023</td> <td>31/07/2024</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>08/05/2020</td> <td>08/05/2025</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>40561</td> <td>27/12/2022</td> <td>27/12/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC 49723</td> <td>40560</td> <td>27/12/2022</td> <td>27/12/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>2101005648</td> <td>NO APLICA</td> <td>jun-2021</td> <td>jun-2026</td> </tr> <tr> <td>MASA PATRÓN</td> <td>864</td> <td>06303</td> <td>1/8/2023</td> <td>1/8/2024</td> </tr> </tbody> </table> |                                     |                                     |                      |                                     |    |      | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE | Nº DE CERTIFICADO        | F. CALIBRACIÓN       | F. DE VENCIMIENTO                   | LÁMPARA UV               | 9296             | NO APLICA                           | CALIBRACIÓN INT.         | -                                   | YUGO                                | 303                      | NO APLICA         | CALIBRACIÓN INT.                    | -                          | EQUIPO UT        | 20200054198                         | 40562                    | 27/12/2022               | 27/12/2023                          | EQUIPO UT                | 5020634                 | 45945     | 31/07/2023                          | 31/07/2024 | BOBINA AC-DC             | 17052908 | 06299 | 08/05/2020 | 08/05/2025 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 40561 | 27/12/2022 | 27/12/2023 | MEDIDOR INT. LUZ UV | AC 49723 | 40560 | 27/12/2022 | 27/12/2023 | PARTICULAS S/H | 2101005648 | NO APLICA | jun-2021 | jun-2026 | MASA PATRÓN | 864 | 06303 | 1/8/2023 | 1/8/2024 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Nº DE SERIE / LOTE                  | Nº DE CERTIFICADO                   | F. CALIBRACIÓN       | F. DE VENCIMIENTO                   |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9296                                | NO APLICA                           | CALIBRACIÓN INT.     | -                                   |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 303                                 | NO APLICA                           | CALIBRACIÓN INT.     | -                                   |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20200054198                         | 40562                               | 27/12/2022           | 27/12/2023                          |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5020634                             | 45945                               | 31/07/2023           | 31/07/2024                          |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17052908                            | 06299                               | 08/05/2020           | 08/05/2025                          |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GM 064                              | NO APLICA                           | NO APLICA            | NO APLICA                           |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 070801317                           | 40561                               | 27/12/2022           | 27/12/2023                          |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AC 49723                            | 40560                               | 27/12/2022           | 27/12/2023                          |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2101005648                          | NO APLICA                           | jun-2021             | jun-2026                            |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MASA PATRÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 864                                 | 06303                               | 1/8/2023             | 1/8/2024                            |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APTO                                | NO APTO                             |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Cadena                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Placas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Anclaje                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Grampa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Soldadura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                      | <b>SI</b>                           |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between;"> <div> <br/>           GM E.N.D. S.R.L.<br/>           MANSILLA HUGO GASTON<br/>           Op. M US. PM. LP         </div> <div>           PRECINTO Nº<br/>           FECHA PUESTA EN VIGENCIA         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                      |                                     |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | FIRMA CLIENTE - ACLARACIÓN          |                      | FIRMA - ACLARACIÓN                  |    |      |                            |                    |                          |                      |                                     |                          |                  |                                     |                          |                                     |                                     |                          |                   |                                     |                            |                  |                                     |                          |                          |                                     |                          |                         |           |                                     |            |                          |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |

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# INFORME DE I.N.D

Nº 14.647

HOJA 2 de 2

## PORTAVOLQUETE

PROCEDIMIENTO: PO 01

☒

CLIENTE:

CAM SRL

FECHA

15

11

2023

PRÁCTICA DEL CLIENTE

☐

EQUIPO:

239

LUGAR DE INSPECCIÓN:

BASE CLIENTE



GM E.N.D. S.R.L.  
MANSILLA HUGO GASTON  
Op. NI US. PM. LP

PRECINTO Nº

FECHA PUESTA EN VIGENCIA

FIRMA OPERADOR GM END S.R.L.

FIRMA CLIENTE - ACLARACIÓN

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