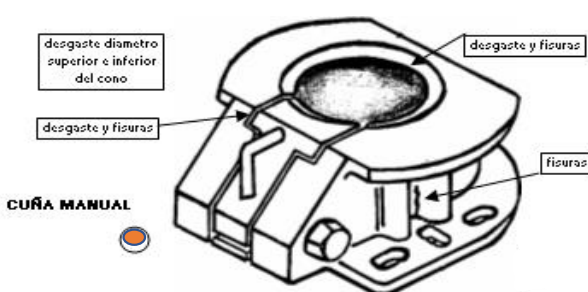
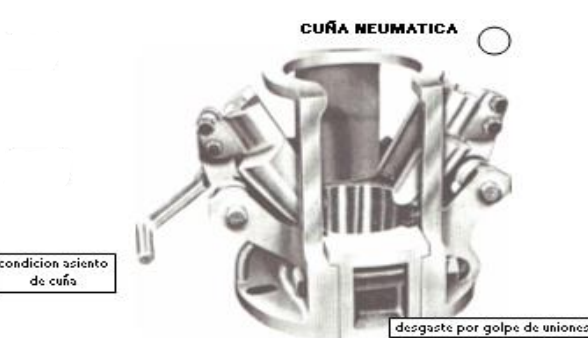
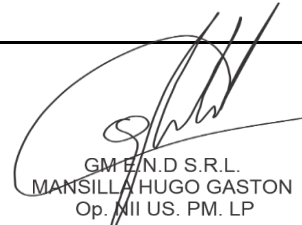


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | <b>INFORME DE I.N.D</b>        |                      |                                         | <b>Nº 14.780</b><br>HOJA 1 de 2 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|----------------------|-----------------------------------------|---------------------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------|------------------|-------------------------------------|--------------------------|------------------|-------------------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------|------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|--------------|----------|-------|------------|------------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|------------|------------|---------------------|----------|-------|------------|------------|----------------|------------|-----------|----------|----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | <b>CUÑA NEUMÁTICA</b>          |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | CLIENTE: <b>MACRICO S.R.L.</b> | FECHA:               | <b>21</b>                               | <b>12</b>                       | <b>2023</b>                         |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | EQUIPO: <b>#07</b>             | LUGAR DE INSPECCIÓN: | <b>BASE GM END S.R.L.</b>               |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>FADAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | MODELO: <b>C</b>               | CAPACIDAD:           | <b>90 TONELADAS</b>                     |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Nº PARTE: <b>2958</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | IDENT Nº: <b>#01-72</b>        | VIGENCIA:            | <b>6 MESES</b>                          |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio: Arenado <input checked="" type="checkbox"/> Limpieza Mecánica <input type="checkbox"/><br>Condiciones de Inspección: Desarmado <input checked="" type="checkbox"/> Armado <input type="checkbox"/><br>Inspección con partículas: Secas <input checked="" type="checkbox"/> Húmedas <input type="checkbox"/><br>Condiciones de Entrega: Desarmado <input checked="" type="checkbox"/> Armado <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>APTO</th> <th>NO APTO</th> </tr> </thead> <tbody> <tr> <td>Detección de Fisuras</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Pernos Vinculación</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Agujeros</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Resplado Cuña</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Colizas Mordazas</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cono del Cuerpo</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Segmentos Internos de Cuña</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Compuerta</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                         |                                     |                                | APTO                 | NO APTO                                 | Detección de Fisuras            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Pernos Vinculación | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Agujeros | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Resplado Cuña | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Colizas Mordazas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cono del Cuerpo  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Segmentos Internos de Cuña | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Compuerta  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <div style="display: flex; flex-direction: column; align-items: center;">  <p><b>CUÑA MANUAL</b></p>  <p><b>CUÑA NEUMÁTICA</b></p> </div> |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APTO                                | NO APTO                        |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Pernos Vinculación                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Agujeros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Resplado Cuña                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Colizas Mordazas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Cono del Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Segmentos Internos de Cuña                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Compuerta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 11 API 8 A, B, C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                | SI                   |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                |                      |                                         |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <br>GM E.N.D S.R.L.<br>MANSILLA HUGO GASTON<br>Op. MII US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                |                      | PRECINTO Nº<br>FECHA PUESTA EN VIGENCIA |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | FIRMA CLIENTE - ACLARACIÓN     |                      | FIRMA - ACLARACIÓN                      |                                 |                                     |                          |                              |                                     |                          |                    |                                     |                          |                         |                                     |                          |                  |                                     |                          |                  |                                     |                          |                            |                                     |                          |            |                                     |                          |                                                                                                                                                                                                                                                                                                                   |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |



# INFORME DE I.N.D

Nº 14.780

HOJA 2 de 2

## CUÑA NEUMÁTICA

PROCEDIMIENTO: PO 11

☒

CLIENTE:

MACRICO S.R.L.

FECHA

21

12

2023

PRÁCTICA DEL CLIENTE

☐

EQUIPO:

#07

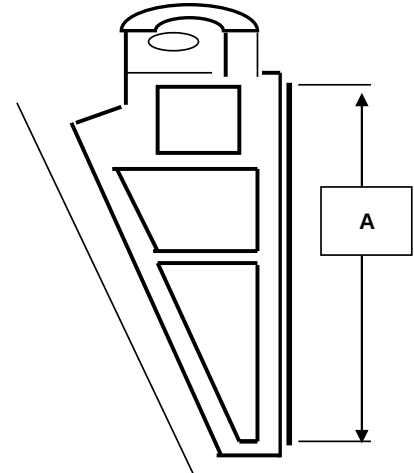
LUGAR DE INSPECCIÓN:

BASE GM END S.R.L.

### SETS DE ADICIONALES

|                               |     |      |     |
|-------------------------------|-----|------|-----|
| Set de segment adicionales N° | N/A | para | N/A |
| Set de segment adicionales N° | N/A | para | N/A |
| Set de segment adicionales N° | N/A | para | N/A |

|            |                   |
|------------|-------------------|
| N° Seg.    | 3                 |
| N° Mord.   | #9013 #9014 #9067 |
| Medida "A" | 2 7/8"            |



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

FIRMA OPERADOR GM END S.R.L.

FIRMA CLIENTE - ACLARACIÓN

PRECINTO Nº

FECHA PUESTA EN VIGENCIA

FIRMA - ACLARACIÓN

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