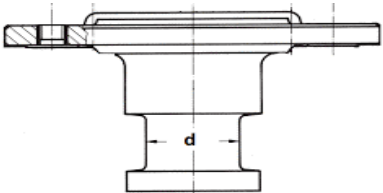
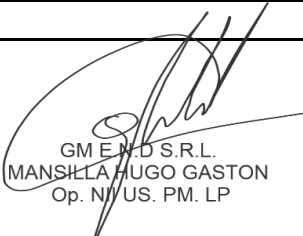


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | <b>INFORME DE I.N.D</b>             |                                                                                      |                                     | <b>Nº 14.846</b><br>HOJA 1 de 1          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------|----------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------|-------------------------------------|--------------------------|---------------------|-------------------------------------|----------------------------|-------------------------------------------------------------------------------------|-------------------------------------|------------------|--------------------------|-------------------------|-------------|--------------------------|------------|-------------------------------------|-----------|---------|-------|------------|------------|--------------|----------|-------|------------|------------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|------------|------------|---------------------|----------|-------|------------|------------|----------------|------------|-----------|----------|----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | <b>SEMIREMOLQUE</b>                 |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | <input checked="" type="checkbox"/> | CLIENTE: <b>CAM SRL</b>                                                              |                                     | FECHA: <b>03 / 02 / 2024</b>             |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | <input type="checkbox"/>            | Nº PARTE: <b>2.994</b>                                                               |                                     | LUGAR DE INSPECCIÓN: <b>BASE CLIENTE</b> |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>RANDON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | DOMINIO: <b>OGO 405</b>             |                                                                                      | Nº DE PIEZA: <b>#07-1</b>           |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| INTERNO: <b>CS 07</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | DIAMETRO: <b>Ø 50,9 mm</b>          |                                                                                      | VIGENCIA: <b>12 MESES</b>           |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <td>Inspección a metal limpio:</td> <td>Arenado</td> <td><input type="checkbox"/></td> <td>Limpieza Mecánica</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td><input type="checkbox"/></td> <td>Armado</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td><input checked="" type="checkbox"/></td> <td>Humedas</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td><input type="checkbox"/></td> <td>Armado</td> <td><input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                     |                                                                                      |                                     |                                          |                      | Inspección a metal limpio:          | Arenado                  | <input type="checkbox"/> | Limpieza Mecánica                   | <input checked="" type="checkbox"/> | Condiciones de Inspección:                                         | Desarmado                           | <input type="checkbox"/> | Armado              | <input checked="" type="checkbox"/> | Inspección con partículas: | Secas                                                                               | <input checked="" type="checkbox"/> | Humedas          | <input type="checkbox"/> | Condiciones de Entrega: | Desarmado   | <input type="checkbox"/> | Armado     | <input checked="" type="checkbox"/> |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arenado                                                            | <input type="checkbox"/>            | Limpieza Mecánica                                                                    | <input checked="" type="checkbox"/> |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Desarmado                                                          | <input type="checkbox"/>            | Armado                                                                               | <input checked="" type="checkbox"/> |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Secas                                                              | <input checked="" type="checkbox"/> | Humedas                                                                              | <input type="checkbox"/>            |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Desarmado                                                          | <input type="checkbox"/>            | Armado                                                                               | <input checked="" 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>DESCRIPCIÓN</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 Cuerpo</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Mesa</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Perno rey</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                     | DESCRIPCIÓN                                                                          | APTO                                | NO APTO                                  | Detección de Fisuras | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Cuerpo         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Estado de Mesa                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Perno rey | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |  |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| DESCRIPCIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APTO                                                               | NO APTO                             |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                | <input type="checkbox"/>            |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                | <input type="checkbox"/>            |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Mesa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>                                | <input type="checkbox"/>            |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Perno rey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                | <input type="checkbox"/>            |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                     |  |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <td>MARCA</td> <td><b>JOST</b></td> </tr> <tr> <td>CAPACIDAD</td> <td><b>65 TON</b></td> </tr> <tr> <td>Nº IDENT.</td> <td><b>#07-1</b></td> </tr> <tr> <td>DIÁMETRO</td> <td><b>Ø 50,9 mm</b></td> </tr> <tr> <td>APROBADO</td> <td>           SI <input checked="" type="checkbox"/> NO <input type="checkbox"/> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                     | MARCA                                                                                | <b>JOST</b>                         | CAPACIDAD                                | <b>65 TON</b>        | Nº IDENT.                           | <b>#07-1</b>             | DIÁMETRO                 | <b>Ø 50,9 mm</b>                    | APROBADO                            | SI <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MARCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>JOST</b>                                                        |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| CAPACIDAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>65 TON</b>                                                      |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Nº IDENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>#07-1</b>                                                       |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| DIÁMETRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Ø 50,9 mm</b>                                                   |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| APROBADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SI <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 34 ASME V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                     | <b>SI</b>                                                                            |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <br>GM E.N.D. S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NIV. US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                     | PRECINTO Nº                                                                          |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                     | FECHA PUESTA EN VIGENCIA                                                             |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                     |                                                                                      |                                     |                                          |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                     | FIRMA CLIENTE - ACLARACIÓN                                                           |                                     | FIRMA - ACLARACIÓN                       |                      |                                     |                          |                          |                                     |                                     |                                                                    |                                     |                          |                     |                                     |                            |                                                                                     |                                     |                  |                          |                         |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |

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