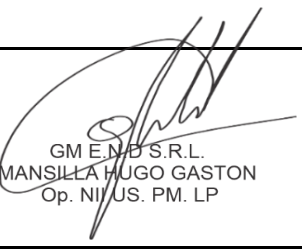


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INFORME DE I.N.D                    |                                     |                                                                                     | <b>Nº 14.864</b><br>HOJA 1 de 1     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GRILLETE RECTO                      |                                     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | CLIENTE: <b>TRANSPORTE JMB</b>      | FECHA:                                                                              | <input type="text" value="02"/>     | <input type="text" value="02"/> | <input type="text" value="2024"/> |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | EQUIPO: <b>92</b>                   | LUGAR DE INSPECCIÓN:                                                                | <b>BASE GM END S.R.L.</b>           |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>CROSBY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DIAMETRO: <b>Ø 1 1/8"</b>           | CAPACIDAD: <b>9 ½ TONELADAS</b>     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Nº PARTE: <b>2992</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IDENT Nº: <b>#92-17</b>             | VIGENCIA: <b>12 MESES</b>           |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Inspección a metal limpio:</td> <td style="width: 33%;">Arenado</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 33%;">Limpieza Mecánica</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Armado</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Húmedas</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Armado</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                                                                     |                                     |                                 |                                   | Inspección a metal limpio: | Arenado            | <input checked="" type="checkbox"/> | Limpieza Mecánica                                                                   | <input type="checkbox"/> | Condiciones de Inspección:          | Desarmado                | <input checked="" type="checkbox"/> | Armado                              | <input type="checkbox"/> | Inspección con partículas: | Secas                               | <input checked="" type="checkbox"/> | Húmedas            | <input type="checkbox"/>            | Condiciones de Entrega:  | Desarmado   | <input type="checkbox"/> | Armado     | <input checked="" type="checkbox"/> |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Arenado                             | <input checked="" type="checkbox"/> | Limpieza Mecánica                                                                   | <input type="checkbox"/>            |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Desarmado                           | <input checked="" type="checkbox"/> | Armado                                                                              | <input type="checkbox"/>            |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Secas                               | <input checked="" type="checkbox"/> | Húmedas                                                                             | <input type="checkbox"/>            |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Desarmado                           | <input type="checkbox"/>            | Armado                                                                              | <input checked="" type="checkbox"/> |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <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                            |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| DETALLE DE INSPECCIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">APTO</td> <td style="width: 10%; text-align: center;">NO APTO</td> <td rowspan="5" style="width: 50%; text-align: center;">  </td> </tr> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condición de Ojal</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condición de Cuerpo</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condición de Perno</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                  |                                     |                                     |                                                                                     |                                     |                                 |                                   |                            | APTO               | NO APTO                             |  | Detección de Fisuras     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Condición de Ojal                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Condición de Cuerpo        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Condición de Perno | <input checked="" type="checkbox"/> | <input type="checkbox"/> |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APTO                                | NO APTO                             |  |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condición de Ojal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condición de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condición de Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     | SI                                                                                  |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  <p style="font-size: 0.8em;">GM END S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op. NI/US. PM. LP</p> </div> <div style="width: 30%; border-top: 1px solid black;"></div> <div style="width: 35%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRECINTO Nº</td> <td style="width: 50%; text-align: center;">007328</td> </tr> <tr> <td colspan="2">FECHA PUESTA EN VIGENCIA:</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                                                                     |                                     |                                 |                                   | PRECINTO Nº                | 007328             | FECHA PUESTA EN VIGENCIA:           |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRECINTO Nº                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 007328                              |                                     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FECHA PUESTA EN VIGENCIA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |                                                                                     |                                     |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | FIRMA CLIENTE - ACLARACIÓN          |                                                                                     | FIRMA - ACLARACIÓN                  |                                 |                                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |             |                          |            |                                     |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |

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