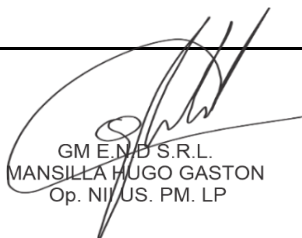


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>INFORME DE I.N.D</b>                       |                                                       |                                                                                     | <b>Nº 15.242</b><br>HOJA 1 de 1 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|----|------|----------------------------|----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------|----------------------------|-------------------------------------------|----------------------------------|-------------------------|-----------------------------------------------|---------------------------------|-----------|--------------------|---|-----------|--------------|-------|------------|------------|-----------|---------|-------|------------|------------|--------------|----------|-------|------------|------------|------------------|--------|-----------|-----------|-----------|----------------|------------|-----------|----------|----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>GRILLETE OMEGA</b>                         |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>           | CLIENTE: <b>TRANSPORTE JMB</b>                        | FECHA:                                                                              | 08                              | 05 | 2024 |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                      | EQUIPO: <b>58</b>                                     | LUGAR DE INSPECCIÓN:                                                                | <b>BASE GM END S.R.L.</b>       |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>JYL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DIAMETRO: <b>Ø 3/4"</b>                       | CAPACIDAD: <b>4 ¼ TONELADAS</b>                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Nº PARTE: <b>3115</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IDENT Nº: <b>#58-2</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 <input type="checkbox"/></td> <td style="width: 33%;">Limpieza Mecánica <input checked="" type="checkbox"/></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado <input checked="" type="checkbox"/></td> <td>Armado <input type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas <input checked="" type="checkbox"/></td> <td>Húmedas <input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado <input checked="" type="checkbox"/></td> <td>Armado <input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                       |                                                                                     |                                 |    |      | Inspección a metal limpio: | Arenado <input type="checkbox"/> | Limpieza Mecánica <input checked="" type="checkbox"/> | Condiciones de Inspección:                                                          | Desarmado <input checked="" type="checkbox"/> | Armado <input type="checkbox"/> | Inspección con partículas: | Secas <input checked="" type="checkbox"/> | Húmedas <input type="checkbox"/> | Condiciones de Entrega: | Desarmado <input checked="" type="checkbox"/> | Armado <input type="checkbox"/> |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Arenado <input type="checkbox"/>              | Limpieza Mecánica <input checked="" type="checkbox"/> |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Desarmado <input checked="" type="checkbox"/> | Armado <input type="checkbox"/>                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secas <input checked="" type="checkbox"/>     | Húmedas <input type="checkbox"/>                      |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Desarmado <input checked="" type="checkbox"/> | Armado <input type="checkbox"/>                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> <tr> <td>LÁMPARA UV</td> <td>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>202000541986</td> <td>47942</td> <td>22/11/2023</td> <td>22/11/2024</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>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>45944</td> <td>1/8/2023</td> <td>1/8/2028</td> </tr> </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 | 202000541986 | 47942 | 22/11/2023 | 22/11/2024 | 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 | PARTICULAS S/H | 2101005648 | NO APLICA | jun-2021 | jun-2026 | MASA PATRÓN | 864 | 45944 | 1/8/2023 | 1/8/2028 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 202000541986                                  | 47942                                                 | 22/11/2023                                                                          | 22/11/2024                      |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| 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                       |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2101005648                                    | NO APLICA                                             | jun-2021                                                                            | jun-2026                        |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MASA PATRÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 864                                           | 45944                                                 | 1/8/2023                                                                            | 1/8/2028                        |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <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;">X</td> <td></td> </tr> <tr> <td>Condición de Ojal</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Condición de Cuerpo</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Condición de Perno</td> <td style="text-align: center;">X</td> <td></td> </tr> </table> <div style="display: flex; align-items: center; margin-top: 10px;">  </div>                                                                                                                                                                       |                                               |                                                       |                                                                                     |                                 |    |      |                            | APTO                             | NO APTO                                               |  | Detección de Fisuras                          | X                               |                            | Condición de Ojal                         | X                                |                         | Condición de Cuerpo                           | X                               |           | Condición de Perno | X |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APTO                                          | NO APTO                                               |  |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                                             |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Condición de Ojal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                             |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Condición de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X                                             |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Condición de Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X                                             |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                                       | SI                                                                                  |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  <p style="font-size: small;">GM 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: 30%; border-top: 1px solid black;">         PRECINTO Nº <b>006756</b><br/>         FECHA PUESTA EN VIGENCIA:       </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                       |                                                                                     |                                 |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | FIRMA CLIENTE - ACLARACIÓN                            |                                                                                     | FIRMA - ACLARACIÓN              |    |      |                            |                                  |                                                       |                                                                                     |                                               |                                 |                            |                                           |                                  |                         |                                               |                                 |           |                    |   |           |              |       |            |            |           |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |