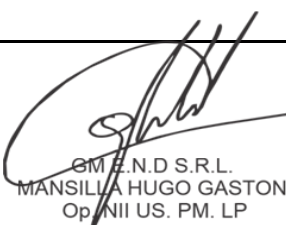


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INFORME DE I.N.D</b>             |                                     |                                                                                      | <b>Nº 15.881</b><br>HOJA 1 de 1     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TRINQUETE DE CARGA</b>           |                                     |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | CLIENTE: <b>MAXICON S.R.L.</b>      |                                                                                      |                                     | FECHA: <b>17 09 2024</b>                       |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <input type="checkbox"/>            | EQUIPO: <b>N/A</b>                                                                   |                                     | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b> |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>CMG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DIÁMETRO: <b>Ø 3/8" - 1/2"</b>      |                                     | CAPACIDAD: <b>4,2 TON</b>                                                            |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| IDENT Nº: <b>#029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nº PARTE: <b>3414</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>Humedas</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"/> | Humedas                   | <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"/> | Humedas                                                                              | <input type="checkbox"/>            |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Desarmado                           | <input type="checkbox"/>            | Armado                                                                               | <input checked="" type="checkbox"/> |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; 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>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>50934</td> <td>18/03/2024</td> <td>18/03/2025</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC 49723</td> <td>50935</td> <td>18/03/2024</td> <td>18/03/2025</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                          | 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 | 50934 | 18/03/2024 | 18/03/2025 | MEDIDOR INT. LUZ UV | AC 49723 | 50935 | 18/03/2024 | 18/03/2025 | 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                          |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| 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                           | 50934                               | 18/03/2024                                                                           | 18/03/2025                          |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AC 49723                            | 50935                               | 18/03/2024                                                                           | 18/03/2025                          |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APTO                                | NO APTO                             |  |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado del Gancho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado del Eslabon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Perno de Gancho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     | SI                                                                                   |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                                                                      |                                     |                                                |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <br>GM E.N.D S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NII US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     | PRECINTO Nº                                                                          |                                     | FECHA PUESTA EN VIGENCIA                       |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     | FIRMA CLIENTE - ACLARACIÓN                                                           |                                     | FIRMA - ACLARACIÓN                             |  |                            |                    |                                     |                                                                                      |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                           |                                     |                          |              |                          |            |                                     |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |