





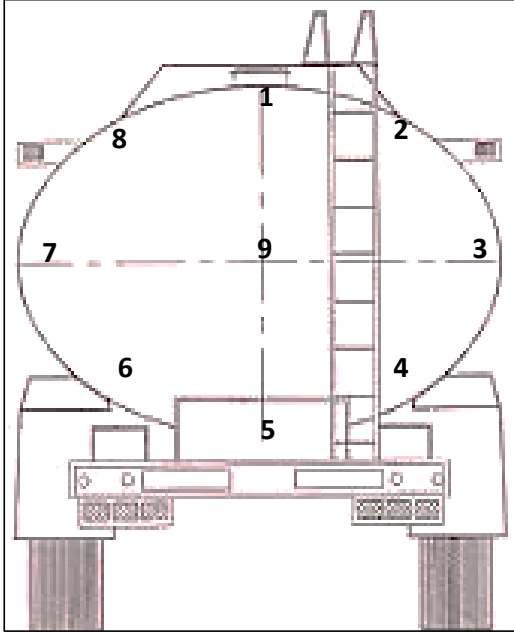
|  | INFORME DE I.N.D | | | Nº 17.486 HOJA 1 de 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|--|-------------------|-------------------------------------|----------------------|--|--------------------|--------------------------|-------------------|-------------------------------------|--------------------|----------------------------|-------|--------------------------|------------|-------------------------------------|---|-------------------------------|-----------|--------------------------|----------------|-------------------------------------|-------|------------------------|----------|-------------------------------------|------|--------------------------|-----------|-----------|------------------|--------|-----------|-----------|-----------|----------------|------------|-----------|----------|----------|-------------|-----|-------|----------|----------|---|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|
| | EQUIPO DE VACÍO | | | CATEGORIA INSPECCIÓN IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROCEDIMIENTO: PO-63 <input checked="" type="checkbox"/> | CLIENTE: CAM SRL | FECHA: 06 12 2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRÁCTICA DEL CLIENTE: <input type="checkbox"/> | Nº PARTE: 3.981 | LUGAR DE INSPECCIÓN: BASE CLIENTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARCA: SAYI | MODELO: 2632 | CAPACIDAD: 9000 LTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERNO: #175 | DOMINIO: NTI-071 | VIGENCIA: 12 MESES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Inspección a metal limpio:</td> <td style="width:15%;">Arenado</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:30%;">Limpieza Mecánica</td> <td style="width:10%;"><input checked="" type="checkbox"/></td> <td style="width:5%;"></td> </tr> <tr> <td>Inspección con Ultrasonido</td> <td>Falla</td> <td><input type="checkbox"/></td> <td>Espesor</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Inspección Visual int. y ext.</td> <td>rechazado</td> <td><input type="checkbox"/></td> <td>aprobado</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Prueba de Estanqueidad</td> <td>Si</td> <td><input checked="" type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td></td> </tr> </table> | | | | | | Inspección a metal limpio: | Arenado | <input type="checkbox"/> | Limpieza Mecánica | <input checked="" type="checkbox"/> | | Inspección con Ultrasonido | Falla | <input type="checkbox"/> | Espesor | <input checked="" type="checkbox"/> | | Inspección Visual int. y ext. | rechazado | <input type="checkbox"/> | aprobado | <input checked="" type="checkbox"/> | | Prueba de Estanqueidad | Si | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspección a metal limpio: | Arenado | <input type="checkbox"/> | Limpieza Mecánica | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspección con Ultrasonido | Falla | <input type="checkbox"/> | Espesor | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspección Visual int. y ext. | rechazado | <input type="checkbox"/> | aprobado | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prueba de Estanqueidad | Si | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>9296</td> <td>61245</td> <td>19/5/2025</td> <td>may-30</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>61246</td> <td>6/5/2025</td> <td>may-30</td> </tr> <tr> <td>EQUIPO UT1</td> <td>202000541886</td> <td>61239</td> <td>8/5/2025</td> <td>8/5/2026</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>1414</td> <td>61248</td> <td>21/5/2025</td> <td>21/5/2026</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>1/6/2021</td> <td>1/6/2026</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>45944</td> <td>1/8/2023</td> <td>1/8/2028</td> </tr> </tbody> </table> | | | | | | EQUIPO UTILIZADO | Nº DE SERIE / LOTE | Nº DE CERTIFICADO | F. CALIBRACIÓN | F. DE VENCIMIENTO | LÁMPARA UV | 9296 | 61245 | 19/5/2025 | may-30 | YUGO | 0586 | 61246 | 6/5/2025 | may-30 | EQUIPO UT1 | 202000541886 | 61239 | 8/5/2025 | 8/5/2026 | BOBINA AC-DC | 1414 | 61248 | 21/5/2025 | 21/5/2026 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | PARTICULAS S/H | 2101005648 | NO APLICA | 1/6/2021 | 1/6/2026 | MASA PATRON | 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 | 61245 | 19/5/2025 | may-30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YUGO | 0586 | 61246 | 6/5/2025 | may-30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EQUIPO UT1 | 202000541886 | 61239 | 8/5/2025 | 8/5/2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOBINA AC-DC | 1414 | 61248 | 21/5/2025 | 21/5/2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTICULAS S/H | 2101005648 | NO APLICA | 1/6/2021 | 1/6/2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MASA PATRON | 864 | 45944 | 1/8/2023 | 1/8/2028 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DETALLE DE INSPECCIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DESCRIPCIÓN</th> <th>APTO</th> <th>NO APTO</th> </tr> </thead> <tbody> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Cuerpo</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Casquete</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Hermeticidad</td> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table> | | DESCRIPCIÓN | APTO | NO APTO | Detección de Fisuras | X | | Estado de Cuerpo | X | | Estado de Casquete | X | | Estado de Hermeticidad | X | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPCIÓN | APTO | NO APTO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detección de Fisuras | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estado de Cuerpo | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estado de Casquete | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estado de Hermeticidad | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="6">MEDICIÓN DE ESPEORES POR ULTRASONIDO EN:</th> <th colspan="2">Milímetros (mm)</th> </tr> <tr> <th>Punto</th> <th>Casquete 1</th> <th>Casquete 2</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>Espesor mínimo</th> </tr> </thead> <tbody> <tr><td>1</td><td>6,3</td><td>6,3</td><td>6,3</td><td>6,5</td><td>6,4</td><td>6,2</td><td>6,2</td></tr> <tr><td>2</td><td>6,4</td><td>6,4</td><td>6,3</td><td>6,7</td><td>6,3</td><td>6,3</td><td>6,3</td></tr> <tr><td>3</td><td>6,3</td><td>6,5</td><td>6,2</td><td>6,3</td><td>6,5</td><td>6,4</td><td>6,2</td></tr> <tr><td>4</td><td>6,4</td><td>6,6</td><td>6,4</td><td>6,4</td><td>6,5</td><td>6,5</td><td>6,4</td></tr> <tr><td>5</td><td>6,5</td><td>6,5</td><td>6,5</td><td>6,5</td><td>6,4</td><td>6,5</td><td>6,4</td></tr> <tr><td>6</td><td>6,3</td><td>6,4</td><td>6,3</td><td>6,7</td><td>6,7</td><td>6,7</td><td>6,3</td></tr> <tr><td>7</td><td>6,3</td><td>6,7</td><td>6,3</td><td>6,4</td><td>6,6</td><td>6,4</td><td>6,3</td></tr> <tr><td>8</td><td>6,2</td><td>6,6</td><td>6,2</td><td>6,6</td><td>6,5</td><td>6,3</td><td>6,2</td></tr> <tr><td>9</td><td>6,2</td><td>6,5</td><td>6,3</td><td>6,3</td><td>6,4</td><td>6,3</td><td>6,3</td></tr> </tbody> </table> | | | | | | MEDICIÓN DE ESPEORES POR ULTRASONIDO EN: | | | | | | Milímetros (mm) | | Punto | Casquete 1 | Casquete 2 | S1 | S2 | S3 | S4 | Espesor mínimo | 1 | 6,3 | 6,3 | 6,3 | 6,5 | 6,4 | 6,2 | 6,2 | 2 | 6,4 | 6,4 | 6,3 | 6,7 | 6,3 | 6,3 | 6,3 | 3 | 6,3 | 6,5 | 6,2 | 6,3 | 6,5 | 6,4 | 6,2 | 4 | 6,4 | 6,6 | 6,4 | 6,4 | 6,5 | 6,5 | 6,4 | 5 | 6,5 | 6,5 | 6,5 | 6,5 | 6,4 | 6,5 | 6,4 | 6 | 6,3 | 6,4 | 6,3 | 6,7 | 6,7 | 6,7 | 6,3 | 7 | 6,3 | 6,7 | 6,3 | 6,4 | 6,6 | 6,4 | 6,3 | 8 | 6,2 | 6,6 | 6,2 | 6,6 | 6,5 | 6,3 | 6,2 | 9 | 6,2 | 6,5 | 6,3 | 6,3 | 6,4 | 6,3 | 6,3 |
| MEDICIÓN DE ESPEORES POR ULTRASONIDO EN: | | | | | | Milímetros (mm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Punto | Casquete 1 | Casquete 2 | S1 | S2 | S3 | S4 | Espesor mínimo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6,3 | 6,3 | 6,3 | 6,5 | 6,4 | 6,2 | 6,2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 6,4 | 6,4 | 6,3 | 6,7 | 6,3 | 6,3 | 6,3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 6,3 | 6,5 | 6,2 | 6,3 | 6,5 | 6,4 | 6,2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 6,4 | 6,6 | 6,4 | 6,4 | 6,5 | 6,5 | 6,4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 6,5 | 6,5 | 6,5 | 6,5 | 6,4 | 6,5 | 6,4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6,3 | 6,4 | 6,3 | 6,7 | 6,7 | 6,7 | 6,3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 6,3 | 6,7 | 6,3 | 6,4 | 6,6 | 6,4 | 6,3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 6,2 | 6,6 | 6,2 | 6,6 | 6,5 | 6,3 | 6,2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 6,2 | 6,5 | 6,3 | 6,3 | 6,4 | 6,3 | 6,3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aprobación según procedimiento Nº PO-63 ASTM E-709,797; AWS D1.1 | | | | | SI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  GM E.N.D S.R.L. MANSILLA HUGO GASTON Op/NII US. PM. LP | | | | PRECINTO Nº | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FECHA PUESTA EN VIGENCIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRMA OPERADOR GM END S.R.L. | | FIRMA CLIENTE - ACLARACIÓN | | FIRMA - ACLARACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


CALLE 3275 N°277 BARRIO ACCESO SUR/PARQUE INDUSTRIAL- CHUBUT-9000 - CEL: (0297) 15-6256447-Email: mansilla.end@gmail.com

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|  | INFORME DE I.N.D | | Nº 17.486 HOJA 2 de 2 | |
| | EQUIPO DE VACÍO | | W.O. | |

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|----------------|--------------|-------------------------------------|----------|----------------|--------|-----------|-----------|-------------|
| PROCEDIMIENTO: | PO-63 | <input checked="" type="checkbox"/> | CLIENTE: | CAM SRL | FECHA: | 06 | 12 | 2025 |
|----------------|--------------|-------------------------------------|----------|----------------|--------|-----------|-----------|-------------|

| | | | | | |
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| PRÁCTICA DEL CLIENTE: | 0 | Nº PARTE: | 3.981 | LUGAR DE INSPECCIÓN: | BASE CLIENTE |
|-----------------------|----------|-----------|--------------|----------------------|---------------------|



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|  GM E.N.D S.R.L. MANSILLA HUGO GASTON Op/ NII US. PM. LP FIRMA OPERADOR GM END S.R.L. | FIRMA CLIENTE - ACLARACIÓN | PRECINTO Nº | |
| | | FECHA PUESTA EN VIGENCIA | |
| | | FIRMA - ACLARACIÓN | |

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