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| FECHA | NOMBRE DEL FUNCIONARIO A CARGO | ESCENARIO |
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| NOMBRE DEL EQUIPO | |  | | | |
| MARCA | | **MODELO** | | **SERIE** | |
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| DATOS DEL FABRICANTE | | | | | |
| FABRICANTE |  | | **FECHA DE FABRICACIÓN** | |  |
| POSEE CATÁLOGO DE MANEJO U OPERACIÓN: |  | | **ENTE CERTIFICADOR:** | |  |
| FECHA DE RECERTIFICACIÓN: |  | |  | |  |
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| CONTROL DE ACTIVIDADES | | | | | |

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| FECHA | DESCRIPCIÓN | RESPONSABLE |
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| OBSERVACIONES : |