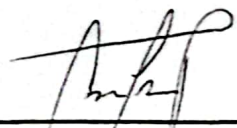
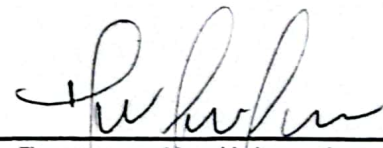


| Fecha de Inspección: 12/3/2025           |                                               | Hora: 2:00 PM             |     | Área/Unidad operativa: ATENAS                                |      | Localidad: San Cristobal |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
|------------------------------------------|-----------------------------------------------|---------------------------|-----|--------------------------------------------------------------|------|--------------------------|------|----------|------|--------|------|----------|------|-----------------|------|--------------|------|---------------|-----------|------|-------------|------|--------------------|------|--------------------|-----|-----------|------------------|--------------------------------------------|
| Inspección realizada por: Cristian Uribe |                                               |                           |     | Nombre responsable unidad: María Constanza Camargo Salamanca |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| No                                       | Area donde esta ubicado el equipo             | ESTADO DEL EXTINTOR       |     |                                                              |      |                          |      |          |      |        |      |          |      | AGENTE EXTINTOR |      |              |      | Observaciones |           |      |             |      |                    |      |                    |     |           |                  |                                            |
|                                          |                                               | Fecha Vencimiento recarga |     | Manómetro                                                    |      | Pasador de seguridad     |      | Boquilla |      | Manija |      | Cilindro |      | Pintura         |      | Señalización |      |               | Ubicación |      | Visibilidad |      | Acceso al extintor |      |                    |     |           |                  |                                            |
|                                          |                                               | Mes                       | Año | Buena                                                        | Mala | Buena                    | Mala | Buena    | Mala | Buena  | Mala | Buena    | Mala | Buena           | Mala | Buena        | Mala |               | Buena     | Mala | Buena       | Mala | Buena              | Mala | ABC Multiproposito | CO2 | Solkaflam | Agua presurizada |                                            |
| 1                                        | Area Comedor                                  | 5                         | 25  | X                                                            |      | X                        |      | X        |      | X      |      | X        |      | X               |      | X            |      | X             |           | X    |             | X    |                    | X    |                    |     |           |                  |                                            |
| 3                                        | Cuarto de Almacenamiento temporal de residuos | 5                         | 25  |                                                              |      | X                        |      | X        |      | X      |      | X        |      | X               |      | X            |      | X             |           | X    |             | X    |                    | X    |                    |     |           |                  | la aguja del manometro apunta a descargado |
| 4                                        |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 5                                        |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 6                                        |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 7                                        |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 8                                        |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 9                                        |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 10                                       |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |
| 11                                       |                                               |                           |     |                                                              |      |                          |      |          |      |        |      |          |      |                 |      |              |      |               |           |      |             |      |                    |      |                    |     |           |                  |                                            |

  
 Firma responsable Inspección

  
 Firma responsable unidad operativa