|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUIPAMIENTO BIOMEDICO - GRUPO 2 - RIESGO MEDIO** | | | | | | | | | |
| **TITULAR / RAZON SOCIAL** | | *NOMBRE* | | | **DOMICILIO** | | *DOMICILIO DEL ESTABLECIMIENTO* | | |
|
| **N° DE MOVIL** | **EQUIPAMIENTO CON RIESGO PACIENTE O VIDA SEGÚN DECRETO N° 3405/07** | | | | | | | **VERIFICACION TECNICA** | **FIRMA Y SELLO BIOINGENIERO** |
| **NOMBRE DEL EQUIPO** | | **MARCA** | **MODELO** | | **N° DE SERIE** | | **FECHA** |
| *N° MOVIL* | *NOMBRE* | | *MARCA* | *MODELO* | | *N° DE SERIE* | | *FECHA* |  |
| \_ \_ \_ | \_ \_ \_ | | \_ \_ \_ | \_ \_ \_ | | *\_ \_ \_* | | ***\_ \_ \_*** |  |
| \_ \_ \_ | \_ \_ \_ | | \_ \_ \_ | \_ \_ \_ | | *\_ \_ \_* | | ***\_ \_ \_*** |  |
| \_ \_ \_ | \_ \_ \_ | | \_ \_ \_ | \_ \_ \_ | | *\_ \_ \_* | | ***\_ \_ \_*** |  |
| \_ \_ \_ | \_ \_ \_ | | \_ \_ \_ | \_ \_ \_ | | *\_ \_ \_* | | ***\_ \_ \_*** |  |
| \_ \_ \_ | \_ \_ \_ | | \_ \_ \_ | \_ \_ \_ | | *\_ \_ \_* | | ***\_ \_ \_*** |  |
| \_ \_ \_ | \_ \_ \_ | | \_ \_ \_ | \_ \_ \_ | | *\_ \_ \_* | | ***\_ \_ \_*** |  |
| **JUNTO CON LA PLANILLA, SE DEBERÁN ADJUNTAR LOS INFORMES EMITIDOS POR LA INSTITUCIÓN VERIFICADORA. EN CASO DE NO PRESENTAR LOS MISMOS,**  **ESTA PLANILLA CARECERÁ DE VALIDEZ** | | | | | | | | | |
| **FIRMA Y SELLO DIRECTOR TECNICO** | | | | | | | | | |