**BITÁCORA DE REVISIÓN MENSUAL DE EXTINTORES COMERCIALIZADORA INDUSTRIAL MERDIZ S. DE R.L. DE C.V.**

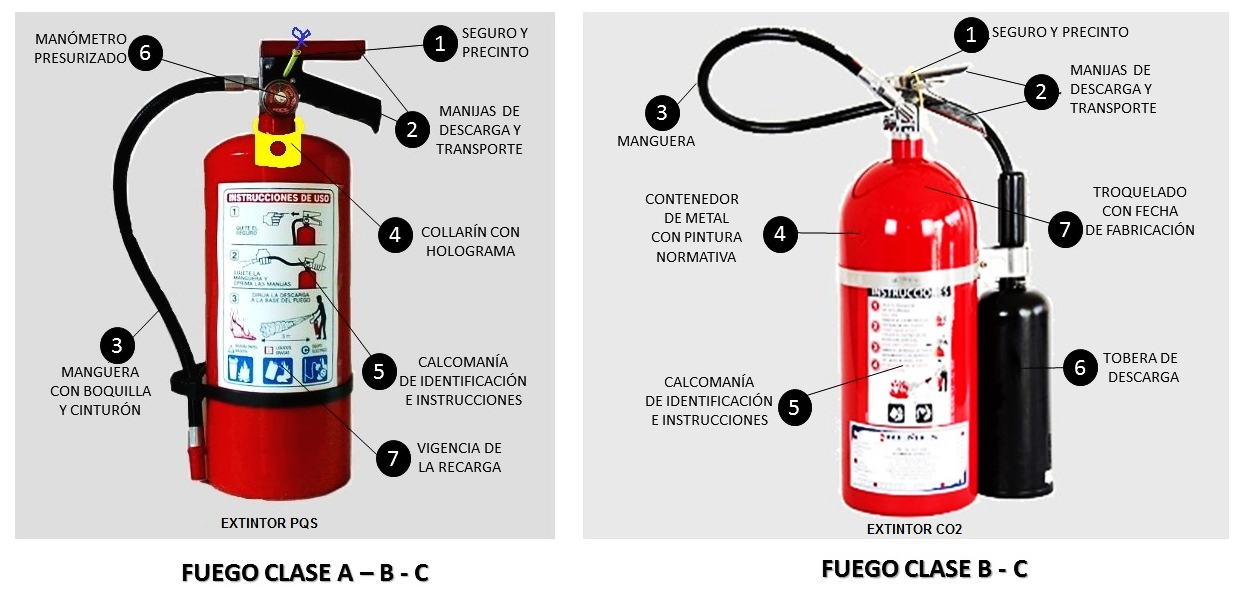
**AÑO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOLIO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **No. De Identif.** | **UBICACIÓN** | **TIPO DE EXTINTOR** | | | | | **CAPACIDAD NOMINAL (KG)** | **ETIQUETA LEGIBLE QUE CONTENGA** | | | | | | | **ESTÁ OBSTRUIDO** | | **ESTÁ SEÑALIZADO** | | **SELLO SIN VIOLAR** | | **PRESIÓN OPERABLE** | | **EQUIPO EN SERVICIO** | | **FECHA DE RECARGA** | | **REPORTE DE DAÑOS**  **(INDIQUE LAS PARTES QUE APLIQUEN)** | | | | | | |
| **A** | **ABC** | **BC** | **CO2** | **Otro\*** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **SÍ** | **NO** | **SÍ** | **NO** | **SÍ** | **NO** | **SÍ** | **NO** | **SÍ** | **NO** | **MES** | **AÑO** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
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**\* Especificar de qué tipo**

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|  |  | | | | | | **CONTENIDO ETIQUETA:** | **TIPOS DE DAÑOS:** |  |  | | | | | | | | | |
|  |  |  | | | | | 1. Nombre, razón social, domicilio y teléfono del proveedor. 2. Capacidad nominal y tipo de agente extintor. 3. Instrucciones breves de operación, apoyadas con símbolos o gráficos. 4. Clase de fuego a que está destinado el equipo y contraindicaciones de uso (si aplicara). 5. Contraseña oficial de cumplimiento de la NOM aplicable (NOM-106-SCFI-2000 o NOM-154-SCFI-2005). 6. Mes y año de último mantenimiento realizado. 7. Collarín y holograma (equipo PQS). | 1. Seguro y precinto sin violar. 2. Manijas de recarga y transporte completas, sin golpes, deformaciones, corrosión. 3. Mangueras completas, sin roturas, desprendimientos, con boquilla, sin deformaciones). 4. Collarín con holograma y/o troquelado con fecha de prueba hidrostática. 5. Etiqueta tipo calcomanía completa y sin daño. 6. Boquilla o tobera de descarga, con cincho de inmovilización. 7. Recarga y evidencia de mantenimiento vigente. | Fecha de elaboración | DD | | MM | AA | Hora inicial: | |  | Hoja de | |  |
|  |  |  |  |  |  |  |  | |  |  | Hora final: | |  | Tiempo total: |  |  |
|  |  |  |  |  |  |  | Realizado por: | | | | | | **SEGUIMIENTO A ANOMALÍAS PREVIAS** | | | |  |
|  |  |  |  |  |  |  | Nombre | | Firma | | | | Fecha de revisión:  Anomalía corregida: | | | |  |
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|  |  |  |  |  |  |  | Supervisado por: | | | | | |  |
|  |  |  |  |  |  |  | Nombre | | Firma | | | |  |
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| **Código de llenado: ✔ = Cumple ✘ = No cumple** | |
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**PUNTOS ESPECÍFICOS DE REVISIÓN PARA REPORTE DE DAÑOS (1 – 7)**

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