|  |
| --- |
| **EQUIPAMIENTO BIOMEDICO - GRUPO 3 – RIESGO BAJO** |
| **TITULAR / RAZON SOCIAL** |  *NOMBRE*  | **DOMICILIO** |  *DOMICILIO DEL ESTABLECIMIENTO*  |
|
| **SERVICIO** | **DECRETO N° 3405/07** |
| **NOMBRE DEL EQUIPO** | **MARCA** | **MODELO** | **N° DE SERIE** |
| *SERVICIO* | *NOMBRE* | *MARCA* | *MODELO* | *N° DE SERIE* |
| \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | *\_ \_ \_* |
| \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | *\_ \_ \_* |
| \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | *\_ \_ \_* |
| \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | *\_ \_ \_* |
| \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | *\_ \_ \_* |
| \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | \_ \_ \_ | *\_ \_ \_* |
| **FIRMA Y SELLO DIRECTOR TECNICO** |