|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORMATO DE MANTENIMIENTO PREVENTIVO** | | | FECHA DEL SERVICIO | |  | |
| DEPARTAMENTO | |  | |
| ÁREA | |  | |
| **DESCRIPCIÓN DEL EQUIPO AL QUE SE OTORGA SERVICIO** | | | | | | |
| **#** | **ETIQUETA** | **MARCA** | | **No SERIE** | | **OBSERVACIONES** |
| **1** |  |  | |  | |  |
| **2** |  |  | |  | |  |
| **3** |  |  | |  | |  |
| **4** |  |  | |  | |  |
| **5** |  |  | |  | |  |
| **6** |  |  | |  | |  |
| **7** |  |  | |  | |  |
| **8** |  |  | |  | |  |
| **9** |  |  | |  | |  |
| **10** |  |  | |  | |  |
| **11** |  |  | |  | |  |
| **12** |  |  | |  | |  |
| **13** |  |  | |  | |  |
| **14** |  |  | |  | |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE Y FIRMA DE CONFORMIDAD DEL RESPONSABLE DEL DEPARTAMENTO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE Y FIRMA DE QUIEN OTORGA EL SERVICIO