**ANEXO 2**

**INSPECCIÓN DE EQUIPOS ANTI-CAÍDAS**



**Inspección de Equipos Anti‐Caídas**

**FE‐COR‐SIB‐05.01‐02**

**V‐01**

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|  | **ARNES**  **(Código)** | | | | **LINEA DE VIDA**  **(Código)** | | | | **LINEA DE ANCLAJE**  **(Código)** | | | | **CORREA ANTI TRAUMA**  **(Código)** | | | | **AGARRA CUERDA**  **(Código)** | | | | **OTROS**  **(Código)** | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Almacenamiento |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Color de la Inspección trimestral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Elementos metálicos |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cortes, rasgaduras en el material |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Limpieza |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Empresa:** | **Nombre y Firma del Ingeniero Supervisor** | **Fecha:** |

**E-COR-SIB-05.01**