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|  | | | | | | | | | INSTALACIONES DE EQUIPOS A PRESIÓN | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | CERTIFICADO DE INSPECCIÓN INICIAL | | | | | | | | | | | | | | | | | | | | |  | C0034 **(Versión 2)** | | |
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|  | TITULAR DE LA INSTALACIÓN | | | | | | | | | | | | | | | | | | N.I.F. / C.I.F. | | | | |  | | | | | | | |  | |
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|  | Nombre y apellidos / Razón social | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | EMPLAZAMIENTO Y DENOMINACIÓN DE LA INSTALACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Calle/Plaza/Otros. | | | | |  | | | | | | | | | | | | | | Nº/Piso | | | |  | | | | | | | |  | |
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|  | Localidad | |  | | | | | | | | | | | | | | | | | Código Postal | | | | | | |  | | | | |  | |
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|  | Provincia | |  | | | | | | | | | | | | | | | | | Teléfono | | | | | | |  | | | | |  | |
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|  | Denominación | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **CARACTERÍSTICAS PRINCIPALES DE LA INSTALACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Presión máxima de servicio** (**Pms)** | | | | | | | | | | |  | | | | (bar) | Tipo de fluido contenido | | | | |  | | | | | | | | | |  | |
|  |  | **ITC EP-2.-** Centrales generadoras de energía eléctrica | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | **ITC EP-5.-** Instalación centro de recarga ∑ Pms \*V > 25.000 bar\*litro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | **ITC EP-6.-** Instalaciones en centros de recarga de gases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | AUTOR DEL PROYECTO | | | | | | | | | | | | | | Nombre Proyectista | | | Apellido 1 | | | | | | | | Apellido 2 | | | | | |  | |
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|  | NIF Proyectista | | | |  | | | | | | | | |  |  | | |  | | | | | | |  | | | | | | |  | |
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|  | DIRECTOR DE LA INSTALACIÓN | | | | | | | | | | | | | | Nombre Director Instalación | | | Apellido 1 | | | | | | | | Apellido 2 | | | | | |  | |
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|  | NIF Director | | | |  | | | | | | | | |  |  | | |  | | | | | | |  | | | | | | |  | |
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|  | EMPRESA INSTALADORA HABILITADA Y RESPONSABLE TÉCNICO DE LA EMPRESA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Nombre y apellidos / Razón Social *(Empresa)* | | | | | | | | | | | |  | | | | | | | | | | NIF/CIF | | | | |  | | | |  | |
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|  | Responsable técnico *(Nombre y apellidos)* | | | | | | | | | | | |  | | | | | | | | | | NIF | | | | |  | | | |  | |
|  | **Observaciones:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Relación de defectos** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Tipo defecto** | | |
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|  | **ORGANISMO DE CONTROL AUTORIZADO QUE REALIZA LA INSPECCIÓN INICIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Organismo de Control | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Nombre y apellidos del Inspector | | | | | | | | |  | | | | | | | | | | | Fecha de inspección | | | | | | | |  | | | |  |
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Ejecutada la referida instalación y realizada la inspección inicial de la misma, según lo establecido en el Reglamento de equipos a presión vigente, el Organismo de Control, cuyos datos constan anteriormente

**CERTIFICA:**

Que el proyecto cumple con lo establecido en el Reglamento de equipos a presión vigente y que el certificado de dirección de instalación se corresponde con la instalación realmente ejecutada por la empresa instaladora habilitada, conforme al proyecto.

Y el resultado de la inspección de la instalación obtiene la calificación de:

|  |  |  |
| --- | --- | --- |
| **ACEPTABLE** | **CONDICIONADA** | **NEGATIVA** |

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SELLO DEL ORGANISMO DE CONTROL

y firma del Inspector