**PLANILLA 15**

**FORMULARIO BASE PARA LA CATEGORIZACION**

**DE INDUSTRIAS O ASIMILABLE**

|  |  |
| --- | --- |
| Solicitante: |   |

|  |  |
| --- | --- |
| CUIT : |   |

|  |  |
| --- | --- |
| Dirección : |   |

|  |  |
| --- | --- |
| Tel / Fax : |   |

|  |  |
| --- | --- |
| Localidad : |   |

|  |  |
| --- | --- |
| Cod. Postal : |   |

|  |  |
| --- | --- |
| Responsable de la Firma: |   |
| Gerente o Jefe de Planta: |   |
| Profesional Responsable: |   |

 **RUBRO**

|  |  |  |
| --- | --- | --- |
|   | General : |   |
|   |   |   |
|   | Específico : |   |

**SUPERFICIE DEL ESTABLECIMIENTO**

(En m2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sup. Total Predio |   |   | Sup. Total Cubierta |   |

**ÁREAS** (m2)

|  |  |  |
| --- | --- | --- |
|   | Administración : |   |
|   | Producción : |   |
|   | Depósito : |   |
|   | Servicios Auxiliares : |   |

**ZONIFICACION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Residencial Exclusiva |   |   | Residencial Mixta |   |   | Industrial Mixta |   |
|   |   |   |   |   |   |   |   |
| Industrial Exclusiva |   |   | Rural |   |   | Parque Industrial |   |

|  |  |  |
| --- | --- | --- |
| Potencia Instalada |   |   HP |

**DATOS DE PERSONAL**

|  |  |  |
| --- | --- | --- |
| Personal Total |   |  Incluye : operarios, administrativos,                jerárquicos, etc. |

**Administrativos**

**(cantidad)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Masculinos |   |   | Femeninos |   |
|   **Operarios** |   |   |   |   |   |
|   | Masculinos |   |   | Femeninos  |   |
|   |  |  |

|  |
| --- |
|  |

 No Binarios

|  |
| --- |
|  |

 No Binarios

**Operarios por Turnos**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mañana |   |   |   |   |   |
|   | Masculinos |   |   | Femeninos  |   |
|   Tarde |   |   |   |   |   |
|   | Masculinos |   |   | Femeninos |   |
|  Noche |   |   |   |   |   |
|   | Masculinos |   |   | Femeninos |   |

|  |
| --- |
|  |

 No Binarios

|  |
| --- |
|  |

 No Binarios

|  |
| --- |
|  |

 No Binarios

**INFRAESTRUCTURA DE SERVICIOS**

(marcar con una X si posee)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Red de Agua |   |   | Gas Natural |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cloaca |   |   | Electricidad |   |
|  |  |  |  |  |

**MATERIAS PRIMAS**

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre Químico y Nro.CAS | Nombre Comercial | CantidadMensual Consumo | Tn., m3 oUnidades en Stock Prom. Mensual |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

 De ser necesario continuar en hoja ........

**PRODUCTOS OBTENIDOS**

|  |  |  |
| --- | --- | --- |
| Nombre | Cantidad Mensua Producida | Tn., m3 oUnidades en stock Prom. Mensual |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 De ser necesario continuar en hoja ........

**PROCESOS INDUSTRIALES**

|  |  |
| --- | --- |
| Principales  Procesos |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

 De ser necesario continuar en hoja  ........

**RIESGO AMBIENTAL**

(marcar con una x si corresponde)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ruido** |   |   |   |   |   |
|   |   | Nivel Máximo |   |   | dBA |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Equipos  Generadores de Ruido (incluir decibeles máximos) |
|   |
|   |
|   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vibraciones** |   |   |  |   |

|  |
| --- |
| Equipos  Generadores de Vibraciones |
|   |
|   |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Carga Térmica** |   |   |   |

|  |
| --- |
| Equipos  Generadores de Carga Térmica (Incluir potencia calorífica) |
|   |
|   |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Aparatos a presión** |   |   |   |

|  |  |
| --- | --- |
| Equipos Presurizados (incluir presiones de trabajo) | Cantidad |
|   |   |
|   |   |
|   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ¿Existen gases, vapores o material particulado?    SI |   |        NO |   |

En caso afirmativo especificar cuáles:

|  |
| --- |
|   |
|   |
|   |
|   |

En caso negativo justificar ¿por qué?

|  |
| --- |
|   |
|   |
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|   |

Si posee otros riesgos especifique cuáles:

|  |
| --- |
|   |
|   |
|   |
|   |

**RESIDUOS**

**SOLIDOS**

                                                                                                                                    DISPOSICION

|  |  |  |  |
| --- | --- | --- | --- |
| Composición |  Cantidad  | Dónde | Cómo |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
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**Referencias:**

**DONDE:       1.**Propio**2.**Municipal**3.**Terceros

**COMO:       A.**Incineración**B.**Relleno **C**. Basural Municipal **D.**Otros

En caso de ser D: Otros especifique cuáles:

|  |
| --- |
|   |
|   |

 **SEMISOLIDOS**

                                                                                                                                   DISPOSICION

|  |  |  |  |
| --- | --- | --- | --- |
| Composición |  Cantidad |  Dónde |  Cómo |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
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**Referencias:**

**DONDE:       1.**Propio**2.**Municipal.**3.**Terceros

**COMO:       A.**Incineración**B.**Relleno**C.** Abono

**D.**Químico**E.**Otros

En caso de ser Otros especifique cuáles:

|  |
| --- |
|   |
|   |

**EFLUENTES**

 **LIQUIDOS**

**Características:**Parámetros y valores

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caudal |   | m3 / h |   | pH |   |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DBO |   |   | DQO |   |   | Temperatura |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sólidos Sedimentables (2min.) |   |   | Sólidos Sedimentables (2 hs.) |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ¿Posee metales pesados?               SI |   |        NO |   |

En caso afirmativo especifique cuáles:

|  |
| --- |
|   |
|   |

|  |  |
| --- | --- |
| Otros |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ¿Posee tratamiento?                         SI |   |        NO |   |

En caso afirmativo especifique cuál:

|  |
| --- |
|   |
|   |

Lugar de vuelco

|  |
| --- |
|   |
|    |

Organismo que Autorizó la descarga:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nro.Autorización.: |   | Año |   |   |

 **GASEOSOS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipo | Caudal   m3/h |  Tratamiento | Temp.Sal.. |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Referencias Tratamiento:**

**1.**Filtro Manga**2.**Ciclón**3.**Torre lavadora

**4.**Filtro Electrostático**5.**Cámara de Sedimentación

**6.**Torre Rellena**7.**Otros

En caso de ser Otros especifique cuáles:

|  |
| --- |
|   |
|   |