**PLANILLA 15**

**FORMULARIO BASE PARA LA CATEGORIZACION**

**DE INDUSTRIAS O ASIMILABLE**

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| --- | --- |
| 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 |  |
|  |  | |  | |

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|  |

No Binarios

|  |
| --- |
|  |

No Binarios

**Operarios por Turnos**

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

|  |
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|  |

No Binarios

|  |
| --- |
|  |

No Binarios

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|  |

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 | Cantidad  Mensual Consumo | Tn., m3 o  Unidades en Stock Prom. Mensual |
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 De ser necesario continuar en hoja ........

**PRODUCTOS OBTENIDOS**

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| --- | --- | --- |
| Nombre | Cantidad Mensua Producida | Tn., m3 o  Unidades en stock Prom. Mensual |
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 De ser necesario continuar en hoja ........

**PROCESOS INDUSTRIALES**

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| Principales  Procesos |  |
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 De ser necesario continuar en hoja  ........

**RIESGO AMBIENTAL**

(marcar con una x si corresponde)

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

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

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| --- |
| Equipos  Generadores de Vibraciones |
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| **Carga Térmica** |  |  |  |

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| --- |
| Equipos  Generadores de Carga Térmica (Incluir potencia calorífica) |
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| --- | --- | --- | --- |
| **Aparatos a presión** |  |  |  |

|  |  |
| --- | --- |
| Equipos Presurizados (incluir presiones de trabajo) | Cantidad |
|  |  |
|  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| ¿Existen gases, vapores o material particulado?    SI |  | NO |  |

En caso afirmativo especificar cuáles:

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En caso negativo justificar ¿por qué?

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Si posee otros riesgos especifique cuáles:

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**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:

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**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:

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| --- |
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**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:

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|  |
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|  |  |
| --- | --- |
| Otros |  |

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

En caso afirmativo especifique cuál:

|  |
| --- |
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|  |

Lugar de vuelco

|  |
| --- |
|  |
|  |

Organismo que Autorizó la descarga:

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

**GASEOSOS**

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

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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:

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| --- |
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