I**NSTITUTO NACIONAL DE REHABILITACIÓN**

**SUBDIRECCIÓN DE CONSERVACIÓN Y MANTENIMIENTO**

**ORDEN DE TRABAJO**

**No. de Folio:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fecha de Solicitud:** | | | |  | | | | | | | | | | | **Número de reporte:** | | | | | | | | |  | | | |
| **Fecha de inicio:** | |  | | | | | | | | | | | **Fecha de término:** | | | | | | | |  | | | | | | |
| **Solicitante:** |  | | | | | | | | | | | | | | | | | | | **Extensión:** | | | | |  | | |
| **Área Solicitante:** | | | | |  | | | | | | | | | | |  | **Cuerpo:** | | | | |  | | | **Nivel:** |  |
| **Trabajo solicitado:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |  |  | | | | |  | | |  |  |
| **Asignado al departamento:** | | | | | | |  | | | | **Materiales utilizados:** | | | | | | |  | | | | |  | | | | |
| Electromecánico | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| Ingenierías | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| Conservación del Inmueble | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| Hidroneumático | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| **Trabajo:** | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| Solicitado por el usuario: | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| Programado: | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| **De carácter:** | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| Preventivo: | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| Correctivo: | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| **Conformidad:** | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| Servicio conforme | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| Servicio no conforme: | | | | | | | **( )** | | | |  | | | | | | | | | | | | | | | | |
| **Asignado a técnico:** | | | | | |  | | | | | |  | |  | | | | |  | | | |  | | | | |
| **Observaciones:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre y Firma  **Jefe de Departamento**  **SCM** | | | | | | | |  | | Nombre y Firma  **Coordinador responsable**  **SCM** | | | | | | | | |  | Nombre y Firma  **Solicitante/Usuario** | | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | |  |  | | | | | | | |
| **F01-PR-SCM-01 Rev 04 DIC 20** | | | | | | | | |  |  | | | | | | | | |  |  | | | | | | | |