

## CARTA DE TRAMITE

Para: Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

De: Nombre de la Compañía Consultora: EAS & Asociados, PSC  
Dirección Postal: PO Box 1184 Canovanas PR 00939  
Teléfono: 787-637-5466  
Nombre del Representante Autorizado:  
Firma:

Escuela: Manuel Baeza Código: 63107  
Municipio: San Juan Fecha de Inspección: 1/11/2020  
Escuela:

Nombre del Ingeniero que emite la recomendación: Ing. Heiberto Condebrón

- Anejos:
1. Recomendación al Secretario
  2. Estampilla Digital Especial emitida por el CIAPR
  3. Informe de inspección Ocular



63107

# OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

**A. GENERAL INFORMATION**

1. Street Address of the School: Ave Borinquen 36  
 City: San Juan, San Juan State: PR Zip: \_\_\_\_\_

2. School Name: Manuel Boada

3. Date of inspection: 11 de enero 2020

4. Inspector's Name: Heriberto Condalovic Rosas

**B. BUILDING SITE INSPECTION**

5. Utility Service Safety:

IMPORTANT—Immediately following an earthquake, check the entire property, especially near appliances, for the smell of gas. If gas odor is detected, turn off the gas at the meter where it enters the house. Locate and repair leaks before turning gas back on. If the gas odor persists after the gas has been shut off, vacate the building and contact the gas utility company immediately.

IMPORTANT—Before entering a damaged, vacant building verify that gas is off. Check the gas meter for damage and position of main gas valve, either a manual valve or a seismically-activated gas shut-off valve. Do not enter the building if gas odor is detected.

a. Odor of natural gas leakage?  YES  NO      b. Downed powerlines?  YES  NO

6. Surrounding topography: (check one)

Flat  
 Gently sloping (easily walkable)  
 Steeply sloping (difficult or impossible to walk in some areas)

7. Building pad: (check one)

Flat  
 Terraced or multilevel  
 Gently sloping (less than 4-foot ground surface elevation difference across house)  
 Steeply sloping (greater than 4-foot ground surface elevation difference across house)

8. Geotechnical Issues: (if yes, provide description and photos)

|   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| a. New cracks in the ground?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Signs of fresh cracking in or movement of hardscape?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Signs of fresh cracking in or movement of retaining walls?                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Patterns of cracking that extend through the ground surface, hardscape, and improvements?      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Evidence of sand boils or other fresh-appearing deposits of sand or mud?                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Unusual slumping, rising, or bulging of the ground surface?                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Evidence of rock falls or slope instability above site?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Ground movement or wet areas indicating possible broken underground utility lines?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Other phenomena (e.g., septic tanks surfacing, differential settlement, ground consolidation)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| <b>B. BUILDING SITE INSPECTION</b> (continued)  |                          |                                     |
| 9. Evidence of earthquake-induced permanent ground deformation in the immediate vicinity of the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### C. GENERAL BUILDING INFORMATION

10. Safety Assessment Tag: (@check one)  None  Green  Yellow  Red  
(others):  Yellow  Red
11. a) Year of original construction (best estimate): 1950 approx.  
b) Total square footage (best estimate): \_\_\_\_\_
12. Have any repairs, modifications, or demolition been performed since the earthquake? YES  NO   
If yes, describe \_\_\_\_\_
13. Building configuration:  
 a. Single story  
 b. Combination one and two story  
 c. Full two story  
 d. Three story  
 e. Split level  
 f. Typical  
 g. Other, describe \_\_\_\_\_
14. Exterior wall finish:  
 a. Stucco  
 b. Panel siding  
 c. Metal siding  
 d. Masonry veneer  
 e. Other, describe \_\_\_\_\_
15. Foundation configuration:  
 a. Slab-on-grade  
 b. Crawl space without cripple walls  
 c. Crawl space with cripple walls  
 d. Exposed piers or posts  
 e. Typical  
 f. Metal  
 g. Other, describe \_\_\_\_\_
16. Sill bolting:  
 a. Structure bolted to foundation  
 b. Structure not bolted to foundation  
 c. Don't know
17. Roof configuration:  
 a. Gable  
 b. Hip  
 c. Flat or very low slope  
 d. Shed  
 e. Other, describe \_\_\_\_\_
18. Roof covering:  
 a. Asphaltic membrane  
 b. Wood shingle or shake  
 c. Concrete  
 d. Metal  
 e. Elastomeric  
 f. Other, describe \_\_\_\_\_

## OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

### D. EXTERIOR BUILDING INSPECTION (continued)

- |  | YES                      | NO                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| <b>24. Attached or abutting improvements: (if yes, provide description and photos)</b>   |                          |                                     |                          |
| a. Collapse, partial collapse, or separation of attached porches, carports, Gazebos, or awnings?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Evidence of recent settlement or displacement of exterior steps, patios, or walkways relative to the building?                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Signs of movement between building floor and/ or exterior hardscape or retaining wall along the uphill side of non steeply sloping sites? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of air conditioning condenser unit(s)?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>25. Independent exterior improvements: (if yes, provide description and photos)</b>   |                          |                                     |                          |
| a. Damaged detached gazebo?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Damage to fences / privacy walls?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Damage to retaining walls?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Damage to walkway?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. Evidence of leakage from water supply lines?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Toppling, shifting, or damage/leakage at fuel connection of propane tanks?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Others damage   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### E. INTERIOR INSPECTION

#### 26. General information

- |   |   |
|---|---|
| <p><input type="checkbox"/> a. If interior access not possible, identify reason</p> <p><input type="checkbox"/> i. Red tag</p> <p><input type="checkbox"/> ii. Hazardous materials</p> <p><input type="checkbox"/> iii. Other hazardous condition, describe _____</p> <p><input type="checkbox"/> iv. Other, describe _____</p> | <p><input checked="" type="checkbox"/> b. Typical wall and ceiling finish</p> <p><input type="checkbox"/> i. Drywall</p> <p><input type="checkbox"/> ii. Plaster on gypsum lath</p> <p><input type="checkbox"/> iii. Plaster on wood lath</p> <p><input type="checkbox"/> iv. Other, describe _____</p> |
|---|---|

## OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

### E. INTERIOR INSPECTION (continued)

|     |  | YES                      | NO                                  | N/A                                 |
|-----|--|--------------------------|-------------------------------------|-------------------------------------|
| 29. | <b>Floors: (if yes, provide description and photos)</b>  |                          |                                     |                                     |
|     | a. Evidence of recent sloping, sagging, settlement or displacement of floors?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | c. Significant sagging or unusual bounciness of floors frames?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | d. Separations or cracks in floor finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | e. Signs of movement between floor and exterior hardscape or retaining wall along the uphill side of homes on steeply sloping sites?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | g. Impact damage to floor finishes from falling contents?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     |  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30. | <b>Mechanical systems: (if yes, provide description and photos)</b>  |                          |                                     |                                     |
|     | a. Displaced connection of appliance flues connected to chimneys?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | b. Toppling, shifting, leakage from tank, leakage from water connections displaced flue connection or damage/leakage at gas line or electrical connection of water heater?       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | c. Shifting, damage/leakage at gas line, flue connection, electrical connection, refrigerant line, and condensate drain connection of furnace or air conditioning fan-coil unit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | d. Damage to gas line of gas stoves or gas fueled clothes dryers?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | e. Damage to toilets?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | f. Decreased or restricted water pressure at appliances, faucets, or toilets?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | g. Toppling or shifting of free-standing wood stove and/or flue?   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|     | h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | i. Other Damage in the dining room   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|     | j. Damage near the gas tank  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

### E. INTERIOR INSPECTION (continued)

|  | YES                      | NO                                  | N/A                                 |
|--|--------------------------|-------------------------------------|-------------------------------------|
| <b>29. Floors: (if yes, provide description and photos)</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| a. Evidence of recent sloping, sagging, settlement or displacement of floors?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Significant sagging or unusual bounciness of floors frames?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. Separations or cracks in floor finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Signs of movement between floor and exterior hardscape or retaining wall along the uphill side of homes on steeply sloping sites?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| g. Impact damage to floor finishes from falling contents?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>30. Mechanical systems: (if yes, provide description and photos)</b>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| a. Displaced connection of appliance flues connected to chimneys?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Toppling, shifting, leakage from tank, leakage from water connections displaced flue connection or damage/leakage at gas line or electrical connection of water heater?       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Shifting, damage/leakage at gas line, flue connection, electrical connection, refrigerant line, and condensate drain connection of furnace or air conditioning fan-coil unit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. Damage to gas line of gas stoves or gas fueled clothes dryers?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Damage to toilets?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| f. Decreased or restricted water pressure at appliances, faucets, or toilets?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| g. Toppling or shifting of free-standing wood stove and/or flue?   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| i. Other Damage in the dining room   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| j. Damage near the gas tank  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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### D. EXTERIOR BUILDING INSPECTION (continued)

- |  | YES                      | NO                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| <b>24. Attached or abutting improvements: (if yes, provide description and photos)</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Collapse, partial collapse, or separation of attached porches, carports, Gazebos, or awnings?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Evidence of recent settlement or displacement of exterior steps, patios, or walkways relative to the building?                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Signs of movement between building floor and/ or exterior hardscape or retaining wall along the uphill side of non steeply sloping sites? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of air conditioning condenser unit(s)?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>25. Independent exterior improvements: (if yes, provide description and photos)</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Damaged detached gazebo?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Damage to fences / privacy walls?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Damage to retaining walls?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Damage to walkway?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. Evidence of leakage from water supply lines?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Toppling, shifting, or damage/leakage at fuel connection of propane tanks?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Others damage   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### E. INTERIOR INSPECTION

#### 26. General information

- |   |   |
|---|---|
| <p><input type="checkbox"/> a. If interior access not possible, identify reason</p> <p><input type="checkbox"/> i. Red tag</p> <p><input type="checkbox"/> ii. Hazardous materials</p> <p><input type="checkbox"/> iii. Other hazardous condition, describe _____</p> <p><input type="checkbox"/> iv. Other, describe _____</p> | <p><input checked="" type="checkbox"/> b. Typical wall and ceiling finish</p> <p><input type="checkbox"/> i. Drywall</p> <p><input type="checkbox"/> ii. Plaster on gypsum lath</p> <p><input type="checkbox"/> iii. Plaster on wood lath</p> <p><input type="checkbox"/> iv. Other, describe _____</p> |
|---|---|



# OCULAR INSPECTION CHECKLIST

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## E. INTERIOR INSPECTION (continued)

- |  | YES                      | NO                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| 31. Architectural woodwork and special finishes: (if yes, provide description and photos)                                    |                          |                                     |                          |
| a. Shifting of or damage to kitchen or bathroom cabinetry?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Impact damage to countertops from falling objects?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Cracking of ceramic tile in showers or tub/shower enclosures consistent with earthquake damage to adjacent wall finishes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## F. CONTINGENT INSPECTIONS

- |  | YES                      | NO                       | N/A                                 |
|--|--------------------------|--------------------------|-------------------------------------|
| 32. Retaining Tank Wall damage?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33. Water tank or other field subterranean structure | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

# OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

## E. INTERIOR INSPECTION (continued)

|     | Walls: (if yes, provide description and photos)   | YES                      | NO                                  | N/A                      |
|-----|---|--------------------------|-------------------------------------|--------------------------|
| 27. | a. Fresh cracking, buckling, spalling, or detachment of interior wall finish at corners of door and window openings?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | b. Fresh cracking of wall finishes at wall corners or wall/ceiling intersections?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | c. Door or window openings racked out of square?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | d. Wall leaning?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | e. Pattern of cracking that extends from the floor slab through the wall?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | f. Movement or sliding of walls relative to the floor?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | g. Severe cracking, separations, or offsets at building irregularities?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | h. Doors damaged, difficult to operate, or inoperable?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | i. Windows damaged, difficult to operate, or inoperable?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. | Ceilings: (if yes, provide description and photos)  |                          |                                     |                          |
|     | a. Collapse of ceiling finish?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | b. Fresh cracking of ceiling finishes, especially at re-entrant corners; cracks along corner bead at stairwell openings; cracking or tearing of finishes at ceiling/wall juncture; or multiple "nail pops"? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | c. Damage to ceiling finishes in vicinity of corridors or commons places?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | d. Separations or cracks in ceiling finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | e. Water damage or evidence of recent leakage from plumbing lines or roofing?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

OCULAR INSPECTION CHECKLIST

G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

Hora de Entrada 11:03 AM  
a Inspección:

Hora de Salida de 1:30 PM  
Inspección:

Escuela: Manuel Baquedano San Juan

Código: 03107

Municipio: San Juan

Fecha de Inspección: 11 de enero 2020

- Abrir Escuela (Verde)
- Abrir Parcialmente la Escuela (Amarillo)
- No Abrir la Escuela (Rojo)

Comentarios: Como contratista de EAS + Asso. PSC se encontró que la escuela esta en buenas condiciones ocularmente hablando. No se tuvo acceso al Techo ni al corredor. Tiene Tanga de reserva en el Techo. Se recomienda inspección Salud Terapia loza (empañado de Techo despegado). No hubo acceso a los Techos, se recomienda inspección de los mismos.

Heriberto Can Delario Rosas

Nombre (Letra de Molde)

*Heriberto Can Delario*

Firma

9153

# Licencia



Handwritten notes in the top right corner, including a circled '1' and some illegible scribbles.



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