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|  | | | | **Reporte de Presencia de Fauna en el Aeropuerto**  **Aeropuerto Internacional José Joaquín de Olmedo** | | | | | | | | | | | | | | | | | | | | |
| **PO/SMS-04** | | | | **(Donde figuran las opciones separadas por una barra oblicua / o entre paréntesis ( )***,* **elimine lo que no corresponda, luego complete la información requerida)** | | | | | | | | | | | | | | | | | | | | |
| **1** | **Informe asociado*****(si aplica)*:** | | | | | | **PO/SMS-01** | |  |  | | --- | --- | |  |  | | | **Día** | | |  |  | | --- | --- | |  |  | | | | |  |  |  | | --- | --- | --- | | **Mes** |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Año** |  |  |  |  |  | | | | | | | | | |
| **2** | **Detectado por:** | | |  | | --- | |  | | | | | | | | | | | **3** | **Hora (LT) del suceso:** | | | | | |  | | --- | |  | | | | | | |
| **4** | |  | | --- | | **Describa la ubicación del (los) animal(es) hallado(s) con referencia al perímetro aeroportuario:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5** | **Hubo información o advertencia de TWR? *(si aplica)*:** | | | | | | | | | | | |  | | --- | |  | | | | | | | | | | | | | |
| **6** | |  | | --- | | **Hora del último recorrido de verificación y nombre del funcionario responsable *(si aplica)*:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7** | |  |  | | --- | --- | | **¿Estuvo una aeronave involucrada en el evento?:** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Fase de vuelo *(si aplica)*:** | **Despegue** |  | **Aterrizaje** |  | **Rodaje** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | |  |  | | --- | --- | | **Nombre de la especie:** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **10** | |  |  | | --- | --- | | **Cantidad:** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **11** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Hubo daños a la aeronave, vehículo o instalaciones:** | | **SI** |  |  | **NO** |  | | **Especifique:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** | **Se efectuó el “Protocolo de registro y preservación de restos biológicos”:** | | | | | | | | | | | | | | | **SI** | | |  | | --- | |  | | | | **NO** | |  | | --- | |  | |  | |
| **13** | **Descripción del suceso:** | | | |  | | | | | | | | | | | | | | | | | | | |
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| **14** | **Adjuntar evidencias *(si aplica)*:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **15** | **Nombre de quien reporta:** | | | | | |  | | --- | |  | | | | | | | | | | | | **Fecha:** | | | |  | | --- | |  | | | | | |
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|  |  | **Firma de quien reporta** | | | | | | |  | | **Supervisor SMS - TAGSA** | | | | | | | | | | | | |  |