#  Laboratorio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Fecha** | **Horas de uso** | **Nombre de la práctica** | **Grupo** | **Usuario** | **Observaciones** | **Firma del Auxiliar** |
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