


FORMATO PARA ENTREGA DE EPP
E.S.E HOSPITAL LOCAL DE PIEDECUESTA
AREA
FARMACIA
FECHA:
TURNO: DIA /NOCHE

NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORMA No. 95	GORRO	POLAINA	BATA ANTI DESEC	GAFAS	CARETAS	OVEROL	FIRMA
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am	17/04/21		X		X				Diana P. A. M.
		7:00pm	18/04/21		X		X				Diana P. A. M.
		7:00pm	20/04/21		X		X				Diana P. A. M.
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA	7:00pm	19-04-21		X		X				Jenny J. O.
		7:00pm	17-04-21		X		X				Jenny J. O.
		7:00pm	21-04-21		X		X				Jenny J. O.
WENDY CASTILLO	AUX. FARMACIA	7:00pm	16-04-21				X				Wendy C.
		7:00pm	17-04-21		X		X				Wendy C.
		7:00pm	19-04-21				X				Wendy C.
		7:00pm	21-04-21				X				Wendy C.
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	19/04/21			X		X				Edith C.
		20/04/21			X		X				Edith C.
		21/04/21			X		X				Edith C.
		22-04-21			X		X				Edith C.