


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

NOMBRE	CARGO	HORA	FECHA	TAPABOCA		GORRO	POLAINA	BATA		GAFAS	CARETAS	OVEROL	FIRMA
				NORMA	No. 95			ANTI	DFSEC				
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am	03-04-21			X		X					DIANA PAOLA
		7:00pm	04-04-21			X		X					DIANA PAOLA
		7:00pm	04-04-21			X		X					DIANA PAOLA
		7:00pm	07-04-21			X		X					DIANA PAOLA
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA	04-04-21	04-04-21	X		X		X					JENNY JOHANA
		03-04-21	05-04-21	X		X		X					JENNY JOHANA
		03-04-21	07-04-21	X		X		X					JENNY JOHANA
		03-04-21	08-04-21	X		X		X					JENNY JOHANA
WENDY CASTILLO	AUX. FARMACIA	7:00pm	03-04-21					X					WENDY CASTILLO
		7:00pm	05-04-21					X					WENDY CASTILLO
		7:00pm	06-04-21					X					WENDY CASTILLO
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	7:00pm	02-03-21	X		X		X					EDITH CORTES
		7:00pm	05-04-21		X	X		X					EDITH CORTES
		7:00pm	06-04-21	X		X		X					EDITH CORTES
		7:00pm	07-04-21	X		X		X					EDITH CORTES