

 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 DESEC											
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00pm	13/04/21			X		X					Diana P.A.M.			
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA															
WENDY CASTILLO	AUX. FARMACIA	6:50pm	04-04-21					X					Wendy Castillo			
		7:00pm	11-04-21					X					Wendy Castillo			
		7:00pm	14-04-21					X					Wendy Castillo			
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	7:00pm	19-04-21			X		X					Edith Cortes			
		7:00pm	10-04-21			X		X					Edith Cortes			
		7:00pm	12-04-21			X		X					Edith Cortes			
		7:00pm	13-04-21			X		X					Edith Cortes			
		7:00pm	14-04-21			X		X					Edith Cortes			
		7:00pm	15-04-21			X		X					Edith Cortes			