



FORMATO PARA ENTREGA DE EPP  
E.S.E HOSPITAL LOCAL DE PIEDECUESTA

NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORM No. 95	GORRO	AREA FARMACIA		FECHA:		TURNO: DIA / NOCHE		
						POLAINA	ANTI	BATA	DESEC	GAFAS	CARETAS	OVEROL
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am	16/3/20		X		X					DIANA P.A.M.
		6:55am	12/3/20		X		X					DIANA P.A.M.
		6:55am	13/3/20		X		X					DIANA P.A.M.
		6:55am	19/3/20	X	X		X					DIANA P.A.M.
		7:00pm	21/3/20		X		X					DIANA P.A.M.
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00am	14-03-20		✓		✓					Jenny
		7:00am	15-03-20		✓		✓					Jenny
		7:00pm	17-03-20		✓		✓					Jenny
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm	14-03-20		X		X					Edith cortes carrillo
		7:00pm	15-03-20		X		X					Edith cortes carrillo
		7:00pm	16-03-20		X		X					Edith cortes carrillo
JERALDY LOPEZ RAMOS	AUX. FARMACIA											
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA											

FC PARA  
ENT DE EPP

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