



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

NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORM No. 95	GORRO POLAINA	AREA FARMACIA		FECHA:	10-07-20			TURNO: DIA / NOCHE	
						ANTI	BATA DESEC		GAFAS	CARETAS	OVEROL	FIRMA	
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am	10/07/20	X	X		X						Diana P.A.M.
		6:55pm	11/07/20		X		X						Diana P.A.M.
		6:55pm	14/07/20		X		X						Diana P.A.M.
		6:55pm	15/07/20		X		X						Diana P.A.M.
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00pm	10/07/20	X									Jenny
		7:00pm	13/07/20	X									Jenny
		7:00pm	14/07/20	X									Jenny
		7:00pm	15/07/20	X									Jenny
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm	12/07/20				X						Edith Cortes C.
		7:00pm	13/07/20										Edith Cortes C.
		7:00pm	15/07/20	X									Edith Cortes C.
		7:00pm	16-07-20										Edith Cortes C.
JERALDY LOPEZ RAMOS	AUX. FARMACIA												
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00pm	14/07/20										

FC PARA  
ENT DE EPP

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