

FORMATO PARA ENTREGA DE EPP E.S.E HOSPITAL LOCAL DE PIEDECUESTA										AREA FARMACIA		FECHA:		TURNO: DIA / NOCHE	
NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORM No. 95	GORRO	POLAINA	ANTI	BATA	GAFAS	CARETAS	OVEROL	FIRMA			
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am	18/07/20		X			X				Diana P.A.M.			
		6:55pm	19/07/20		X			X				Diana P.A.M.			
		7:00am	22/07/20		X			X				Diana P.A.M.			
		6:55pm	23/07/20		X			X				Diana P.A.M.			
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00am	17-07-20	X	X			X				Jenny			
		7:00pm	18-07-20	X	X			X				Jenny			
		7:00am	21-07-20	X	X			X				Jenny			
		7:00pm	22-07-20	X	X			X				Jenny			
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00am	17-07-20		X			X				Edith Cortes			
		7:00am	20-07-20					X				Edith Cortes			
		7:00am	21-07-20					X				Edith Cortes			
JERALDY LOPEZ RAMOS	AUX. FARMACIA														
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	07:00am	19-07-20		X							Jessyka Haydee			
		7:00am	22/07/20		X			X				Jessyka Haydee			

OVERALL	FINMA
	Good
	Good
	Good