


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

FECHA:

12-06-20
18-06-20

TURNO: DIA / NOCHE

NOMBRE	CARGO	HORA	FECHA	TAPABOCA		GORRO	POLAINA	BATA		GAFAS	CARETAS	OVEROL	FIRMA
				NORM	No. 95			ANTI	DESEC				
DIANA PAOLA ADARNE MORALES	AUX. FARMACIA	7:00am	12/06/20			X							DIANA P.A.M.
		6:55pm	13/06/20			X			X				DIANA P.A.M.
		6:55am	16/06/20			X							DIANA P.A.M.
		6:55pm	17/06/20			X							DIANA P.A.M.
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00am	14-06										Jenny B.
		7:00pm	15-06		X	X							Jenny B.
		7:00pm	18-06		X	X							Jenny B.
EDITH CORTES CARRILLO	AUX. FARMACIA												
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00am	15-06-20		X								Edith Cortes
		7:00pm	16-06-20		X								Edith Cortes
		7:00pm	16/06/20		X	X							Edith Cortes
		7:00pm	18-06-20		X								Edith Cortes
JERALDY LOPEZ RAMOS	AUX. FARMACIA	6:55pm	12-06-20		X								JERALDY LOPEZ
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00am	17/06/20		X	X							Jessyka Pinzon