



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

NOMBRE	CARGO	HORA	FECHA	TAPABOCA		GORRO	AREA FARMACIA		FECHA:		GAFAS	CARETAS	TURNO: DIA / NOCHE	
				NORMA	No. 95		POLAINA	ANTI	BATA	DESEC			OVEROL	FIRMA
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	6:55am	02/10/20		X	X								DIANA P.A.M.
		6:55pm	03/10/20			X		X						DIANA P.A.M.
		6:55am	06/10/20			X		X						DIANA P.A.M.
		6:50pm	07/10/20			X		X						DIANA P.A.M.
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA													
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00am	04-10-20	X		X								Edith Cortes
		7:00pm	05-10-20	X		X		X						Edith Cortes
		7:00pm	08-10-20	X		X		X						Edith Cortes
LAURA MARCELA SIERRA CORREA	AUX. FARMACIA	7:00pm	2-10-20			X								Laura M. Sierra C.
		7:00am	5-10-20		X	X		X						Laura M. Sierra C.
		7:00pm	6-10-20			X		X						Laura M. Sierra C.
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00am	05-10-20		X									Jessyka Haydee Pinzon Peluffo
		7:00am	06-10-20			X								Jessyka Haydee Pinzon Peluffo
		7:00am	08-10-20			X		X						Jessyka Haydee Pinzon Peluffo

[illegible]