



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

FARMACIA

AREA  
FARMACIA

FECHA:

TURNO: DIA /NOCHE

NOMBRE	CARGO	HORA	FECHA	TAPABOCA		GORRO	POLAINA	BATA		GAFAS	CARETAS	OVEROL	FIRMA
				NORMA	No. 95			ANTI	DESEC				
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am	05/9/20			X		X					DIANA P.A.M
		6:55pm	06/9/20			X		X					DIANA P.A.M
		6:55am	07/9/20			X		X					DIANA P.A.M
		6:55pm	07/9/20			X		X					DIANA P.A.M
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00am	04-08-20	X		X		X					JENNY J.
		7:00pm	08-08-20	X		X		X					JENNY J.
		7:00pm	08-08-20	X		X		X					JENNY J.
		7:00pm	08-08-20	X		X		X					JENNY J.
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm	09-09-20			X		X					EDITH CORTES
		7:00pm	09-09-20			X		X					EDITH CORTES
		7:00pm	09-09-20			X		X					EDITH CORTES
		7:00pm	09-09-20			X		X					EDITH CORTES
LAURA MARCELA SIERRA CORREA	AUX. FARMACIA	7:00am	09-09-20			X		X					LAURA M. SIERRA C.
		7:00am	09-09-20			X		X					LAURA M. SIERRA C.
		7:00am	09-09-20			X		X					LAURA M. SIERRA C.
		7:00am	09-09-20			X		X					LAURA M. SIERRA C.
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00am	09-09-11			X		X					JESSYKA H.
		7:00am	09-09-11			X		X					JESSYKA H.
		7:00am	09-09-11			X		X					JESSYKA H.
		7:00am	09-09-11			X		X					JESSYKA H.