

 FORMATO PARA ENTREGA DE EPP E.S.E HOSPITAL LOCAL DE PIEDECUESTA										AREA FARMACIA		FECHA:					TURNO: DIA / NOCHE	
NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORMA No. 95	GORRO	POLAINA	ANTI DESEC	GAFAS	CARETAS	OVEROL	FIRMA							
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00pm 25/9/20		X	X		X				D'ANAP A.M							
		7:00pm 27/9/20			X		X				D'ANAP A.M							
		7:00pm 29/9/20				X		X			D'ANAP A.M							
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00pm 26-09-20		X	X		X				<i>[Signature]</i>							
		7:00pm 28-09-20		X		X		X			<i>[Signature]</i>							
		7:00pm 30-09-20				X		X			<i>[Signature]</i>							
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm 26-09-20			X		X				Edith Cortes C							
		7:00pm 27-09-20				X		X			Edith Cortes C							
		7:00pm 30-09-20				X		X			Edith Cortes C							
LAURA MARCELA SIERRA CORREA	AUX. FARMACIA	7:00pm 25-9-20			X		X				LAURA M. SIERRA C.							
		7:00pm 28-9-20		X		X		X			LAURA M. SIERRA C.							
		7:00pm 29-9-20				X		X			LAURA M. SIERRA C.							
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00pm 1-10-20			X		X				LAURA M. SIERRA C.							