

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

**AREA
FARMACIA**

FECHA:

TURNNO: DIA /NOCHE

| NOMBRE | CARGO | HORA | FECHA | TAPABOCA NORMANO. 95 | GORRO | POLAINA | BATA ANTI DESEC | GAFAS | CARETAS | OVEROL | FIRMA |
|----------------------------|------------------------|------------------|----------|-------------------------|-------|---------|--------------------|-------|---------|--------|--------------|
| DIANA PAOLA ADARME MORALES | AUX. FARMACIA | 7:00pm - 12:00am | 08-05-21 | X | X | X | X | | | | Diana P.A.M. |
| JENNY JOHANA JAIMES ORTEGA | AUX. FARMACIA | 7:00pm - 09:05pm | 08-05-21 | X | X | X | X | | | | Jenny J.O. |
| WENDY CASTILLO | AUX. FARMACIA | 7:00pm - 13:00pm | 08-05-21 | X | X | X | X | | | | Wendy C. |
| EDITH CORTES GARRILLO | REGENTE DE FARMACIA | 7:00pm - 13:00pm | 08-05-21 | X | X | X | X | | | | Edith C. |