

 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	BATA ANTI DESEC		GAFAS	CARETAS	OVEROL	FIRMA			
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00am 10/3/21 7:00pm 11/3/21 7:00pm 13/3/21 7:00pm 14/3/21				X		X	X				DIANA P. A. M. DIANA P. A. M. DIANA P. A. M. DIANA P. A. M.			
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA	7:00pm 09-07-21 7:00am 11-07-21 7:00pm 12-07-21 7:00pm 15-07-21				X		X	X				Jenny J. O. Jenny J. O. Jenny J. O. Jenny J. O.			
WENDY CASTILLO	AUX. FARMACIA	7:00am 09-07-21 7:00pm 10-07-21 7:00am 12-07-21 7:00pm 13-07-21						X	X				Wendy C. Wendy C. Wendy C. Wendy C.			
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	7:00am 09-07-21 7:00pm 12-07-21 7:00am 13-07-21 7:00pm 14-07-21 7:00am 15-07-21				X		X	X				Edith C. Edith C. Edith C. Edith C. Edith C.			