



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	23/07/21		X		X				DIANA P.A.M.
		7:00pm	24/07/21		X		X				DIANA P.A.M.
		7:00pm	25/07/21		X		X				DIANA P.A.M.
		7:00pm	23/07/21		X		X				DIANA P.A.M.
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA										
WENDY CASTILLO	AUX. FARMACIA	7:00pm	23-07-21		X		X				Wendy Castillo
		7:00pm	25-07-21				X				Wendy Castillo
		7:00pm	26-07-21				X				Wendy Castillo
		7:00pm	29-07-21				X				Wendy Castillo
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	7:00pm	23-07-21		X		X				Edith C.
		7:00pm	26-07-21		X		X				Edith C.
		7:00pm	26-07-21		X		X				Edith C.
		7:00pm	26-07-21		X		X				Edith C.