

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	BATA	DESEC	GAFAS	CARETAS	OVEROL	FIRMA		
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00pm	28-12-20												
		7:00pm	28-12-20												
		7:00pm	30-12-20												
		7:00pm	31-12-20												
MARIA FERNANDA ROSALES LOPEZ	AUX. FARMACIA	7:00pm	28-12-20												
		7:00pm	29-12-20												
		7:00pm	31-12-20												
		7:00pm	01-01-21												
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm	31-12-20												
		7:00pm	01-01-21												
		7:00pm	01-01-21												
		7:00pm	01-01-21												
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00pm	01-01-21												
		7:00pm	01-01-21												
		7:00pm	01-01-21												
		7:00pm	01-01-21												
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00pm	29-12-20												
		7:00pm	30-12-20												
		7:00pm	30-12-20												
		7:00pm	30-12-20												