


FORMATO PARA ENTREGA DE EPP
E.S.E HOSPITAL LOCAL DE PIEDECUESTA
AREA
FARMACIA
FECHA:
TURNO: DIA /NOCHE

NOMBRE	CARGO	HORA	FECHA	TAPABOCA		GORRO	POLAINA	BATA		GAFAS	CARETAS	OVEROL	FIRMA
				NORMA	No. 95			ANTI	DESEC				
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00pm	22/3/21			X		X					Diana P.A.M.
		7:00pm	24/3/21			X		X					Diana P.A.M.
		7:00pm	31/3/21			X		X					Diana P.A.M.
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA	7:00am	26-03-21			X		X					Jenny J.
		7:00pm	28-03-21			X		X					Jenny J.
		7:00am	29-03-21			X		X					Jenny J.
		7:00pm	30-03-21			X		X					Jenny J.
WENDY CASTILLO	AUX. FARMACIA	7:00am	22-03-21			X		X					Wendy C.
		7:00pm	28-03-21					X					Wendy C.
		7:00pm	29-03-21					X					Wendy C.
		7:00am	01-04-21					X					Wendy C.
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	7:00am	02-04-21					X					Edith C.
		7:00pm	29/3/21					X					Edith C.
		7:00am	29/3/21					X					Edith C.
		7:00pm	29/3/21					X					Edith C.