



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

AREA CONTRATISTAS

FECHA:

TURNO: DIA /NOCHE

| NOMBRE | CARGO | HORA | FECHA | TAPABOCA | | GORRO | POLAINA | BATA | | GAFAS | CARETA | OVEROL | FIRMA |
|------------------|-------------------------|------|-------|----------|-------|-------|---------|------|-------|-------|--------|--------|-------|
| | | | | NORMAL | No.95 | | | ANTI | DESEC | | | | |
| VIVIANA SOTO | | | | | | | | | | | | | |
| DAVID GARCES | | | | | | | | | | | | | |
| CRISTIAN | ING. AMBIENTAL | | | | | | | | | | | | |
| HENRY RUIZ | COORDINADOR MEDICO | | | | | | | | | | | | |
| ELIAS GOMEZ | REVISOR FISCAL | | | | | | | | | | | | |
| JUAN CARLOS NIÑO | ING. BIOMEDICO | | | | | | | | | | | | |
| PAOLA GUZMAN | TRANSFORMACION CULTURAL | | | | | | | | | | | | |
| ALEJANDRA | GLOSAS | | | | | | | | | | | | |
| LUCILA | GLOSAS | 4:50 | 26-03 | | | | | | | | | | |
| ESPERANZA ORTIZ | ENLACE SST | | | | | | | | | | | | |
| DIANA JEREZ | SST | | | | | | | | | | | | |
| SILVIA R | JAC | | | | | | | | | | | | |

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4:5026-3

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