



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

AREA RX

FECHA

TURNO: DIA /NOCHE

NOMBRE	CARGO	HORA	FECHA	TAPABOCA		GORRO	POLAINA	BATA		GAFAS	CARETA	OVEROL	FIRMA
				NORMAL	No.95			ANTI	DESEC				
NELLY GUICHA DUEÑAS	TECNOLOGA EN RAYOS X	6:00	20-03					X				X	[Signature]
		6:20	21-03					X				X	[Signature]
		6:30	23-03					X				X	[Signature]
		6:40	24-03					X				X	[Signature]
WILSON RODRIGUEZ MARTINEZ	TECNOLOGA EN RAYOS X	7:00A	19-02-21						X			X	[Signature]
		7:00A	21-02-21						X			X	[Signature]
		7:00A	21-03-21						X			X	[Signature]
		7:00A	24-03-21						X			X	[Signature]
IVAN DARIO PEÑA OCHOA	TECNOLOGA EN RAYOS X	7:00P	25-03-21						X			X	[Signature]
		7:00P	25-03-21						X			X	[Signature]
		7:00P	25-03-21						X			X	[Signature]
		7:00P	25-03-21						X			X	[Signature]
	TECNOLOGA EN RAYOS X	7:00	23-03-21						X			X	[Signature]
		7:00	23-03-21						X			X	[Signature]
		7:00	23-03-21						X			X	[Signature]
		7:00	23-03-21						X			X	[Signature]