

 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		GAFAS	CARETAS	OVEROL	FIRMA					
							ANTI	DESEC									
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	2:00pm 2:00pm 2:00pm	05/03/21 07/03/21 08/03/21		X X X		X X X					DIANA P. A.D. DIANA P. A.D. DIANA P. A.D.					
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA	1:00pm	06-03-21	X	X		X					Jenny J.					
WENDY CASTILLO	AUX. FARMACIA	1:00pm 1:00pm 1:00pm 1:00pm	05-03-21 06-03-21 07-03-21 11-03-21				X X X X					Wendy C. Wendy C. Wendy C. Wendy C.					
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	2:00pm 2:00pm 2:00pm	09/03/21 09/03/21 10/03/21		X X X		X X X					Edith Cortes Edith Cortes Edith Cortes					