




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

<div><div>FORMATO PARA ENTREGA DE EPP</div></div>				AREA FARMACIA		FECHA:	TURNO: DIA /NOCHE				
E.S.E HOSPITAL LOCAL DE PIEDECUESTA											
NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORMA No. 95	GORRO	POLAINA	BATA ANTI DESEC	GAFAS	CARETAS	OVEROL	FIRMA
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00pm	26/02/21		X		X				DIANA P.A.M.
		6:55 pm	28/2/21		X		X				DIANA P.A.M.
		6:55 pm	02/03/21		X		X				DIANA P.A.M.
		7:00pm	03/03/21		X		X				DIANA P.A.M.
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA	7:00am	26/02/21	X	X		X				Jenny J.O.
		7:00pm	27-02-21	X	X		X				Jenny J.O.
		7:00pm	01-03-21	X	X		X				Jenny J.O.
		7:00pm	04-03-21	X	X		X				Jenny J.O.
WENDY CASTILLO	AUX. FARMACIA	7:00 am	27-02-21				X				Wendy C.
		6:50 am	28-02-21	X			X				Wendy C.
		6:55 am	01-03-21				X				Wendy C.
		6:55 pm	02-03-21				X				Wendy C.
EDITH CORTES CARRILLO	REGENTE DE FARMACIA	7:00am	26/02/21		X		X				Edith C.
		7:00pm	28-2-21	X	X		X				Edith C.
		7:00pm	02-03-21	X	X		X				Edith C.
		7:00pm	03-03-21	X	X		X				Edith C.
		7:00pm	04-03-21	X	X		X				Edith C.