

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	7:00pm	12-11-20					X				DIANA P. ADARME M.			
		7:00pm	14-11-20					X				DIANA P. ADARME M.			
		7:00pm	15-11-20					X				DIANA P. ADARME M.			
		7:00pm	16-11-20	X				X				DIANA P. ADARME M.			
		7:00pm	18-11-20					X				DIANA P. ADARME M.			
MARIA FERNANDA ROSALES LOPEZ	AUX. FARMACIA	7:00pm	19-11-20					X				DIANA P. ADARME M.			
		7:00pm	13-11-20					X				DIANA P. ADARME M.			
		7:00pm	14-11-20					X				DIANA P. ADARME M.			
		7:00pm	17-11-20					X				DIANA P. ADARME M.			
		7:00pm	18-11-20					X				DIANA P. ADARME M.			
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm	12-11-20					X				EDITH CORTES C.			
		7:00pm	13-11-20	X				X				EDITH CORTES C.			
		7:00pm	16-11-20	X				X				EDITH CORTES C.			
		7:00pm	17-11-20	X				X				EDITH CORTES C.			
		7:00pm	18-11-20					X				EDITH CORTES C.			
LAURA MARCELA SIERRA CORREA	AUX. FARMACIA	7:00pm	15-11					X				LAURA M. SIERRA C.			
		7:00pm													
		7:00pm													
		7:00pm													
		7:00pm													
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00pm													
		7:00pm													
		7:00pm													
		7:00pm													
		7:00pm													

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