

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 ANTI DESEC	GAFAS	CARETAS	OVEROL	FIRMA					
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	6:55am	09/01/21		X		X				DIANA P.A.V.					
		6:55pm	10/01/21		X		X				DIANA P.A.V.					
		6:55pm	10/01/21				X				DIANA P.A.V.					
MARIA FERNANDA ROSALES LOPEZ	AUX. FARMACIA	7:00pm	09-01		X		X				Edith Cortes					
		7:00pm	10-01		X		X				Edith Cortes					
		7:00pm	11-01-21	X			X				Edith Cortes					
		7:00pm	10-01-21	X	X		X				Edith Cortes					
		7:00pm	09/01/21	X			X				Edith Cortes					
		7:00pm	10-01-21	X			X				Edith Cortes					
EDITH CORTES CARRILLO	AUX. FARMACIA	7:00pm	12-01-21	X			X				Edith Cortes					
		7:00pm	12-01-21	X			X				Edith Cortes					
		7:00pm	12-01-21	X			X				Edith Cortes					
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	7:00pm	12-01-21	X			X				Jessyka P.					
		7:00pm	12-01-21													
		7:00pm	12-01-21													
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		7:00pm	12-01-21													
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