| FORMATO PARA ENTREGA DE EPP<br>E.S.E HOSPITAL LOCAL DE PIEDECUESTA | | | | | | AREA FACTURACION | | | FECHA: | | | TURNO: DIA /NOCHE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NOMBRE | CARGO | HORA | FECHA | TAPABOCA | | GORRO | POLAINA | BATA | | GAFAS | CARETA | OVEROL | FIRMA |
| | | | | NORMAL | No.95 | | | ANTI | DESEC | | | | |
| Herrera Lopez Luz Tatiana | Auxiliar de facturacion | 6:00 | 09/01/21 | | X | | | | | | | X | |
| | | 1:00 | 12/1/21 | | X | | | | | | | X | |
| | | 6:00 | 13/01/21 | | | | | | | | | X | |
| | | 6:00 | 14/01/21 | | | | | | | | | X | |
| Lopez Gomez Blanca Azucena | Auxiliar de facturacion | 13:00 | 08-01 | | | | | | | | | X | Azucena Lopez |
| | | 6:00 | 11-01 | | | | | | | | | X | Azucena Lopez |
| | | 18:00 | 12-01 | | | | | | | | | X | Azucena Lopez |
| | | 6:00 | 14-01 | | X | | | | | | | X | Azucena Lopez |
| Ramirez Forero Jenny Paola | Auxiliar de facturacion | 6:00pm | 10-01 | | X | | | | | | | X | |
| | | 6:00am | 12-01 | | | | | | | | | X | |
| | | 6:00pm | 13-01 | | | | | | | | | X | |
| Ramirez Paredes Lady Carina | Auxiliar de facturacion | 6:00 | 10-21 | | X | | | | | | | X | |
| | | 18:00 | 11-21 | | | | | | | | | X | |
| | | 6:00 | 13-21 | | | | | | | | | X | |
| Moreno Duque Andres Mauricio | Auxiliar de facturacion | 6:00 | 8-21 | | | | | | | | | X | |
| | | 6:00 | 9-21 | | | | | | | | | X | Andrés Moreno |
| | | 6:00 | 11-21 | | | | | | | | | X | Andrés Moreno |
| Estupiñan Flores Lorena Andrea | Tecnico de Cartera | 6:00 | 8-21 | | X | | | | | | | | |
| | | 6:00 | 7:31 | | X | | | | | | | | |

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

**AREA FACTURACION** | **FECHA:** | **TURNO: DIA /NOCHE**

| NOMBRE | CARGO | HORA | FECHA | TAPABOCA | | GORRO | POLAINA | BATA | | GAFAS | CARETA | OVEROL | FIRMA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NORMAL | No.95 | | | ANTI | DESEC | | | | |
| Reyes Fajardo Yurli Tatiana | Auxiliar de facturacion | 12:30 | 11/01 | | X | | | | | | | X | Tatiana Reyes |
| Lagos Bernal Silvia Marcela | Auxiliar de facturacion | | | | | | | | | | | | |
| Bautista Acosta Martha Lucia | Auxiliar de facturacion | 7:00 | 12/01 | | X | | | | | | | | |
| Ballesteros Caballero Lady Katerne | Tesorera | | | | | | | | | | | | |
| Florez Baron Diana Patricia | Líder Facturación, cartera y tesorería | 7:00 | 12/01 | | X | | | | | | | | |
| Rene Santos | Revisor de cuentas | 7:00 | 08-01-21 | | | | | X | | | | | Jean Rene Santos |
| | | 7:32 | 12-01-21 | | X | | | X | | | | | Jean Rene Santos |
| | | 7:30 | 14-01-21 | | X | | | X | | | | | Jean Rene Santos |
| Deisi Escalfera | Aux contabilidad estadisti | 2:00 | 14-01-21 | | X | | | | | | | | Deisi Escalfera |

| FORMATO PARA ENTREGA DE EPP<br>E.S.E HOSPITAL LOCAL DE PIEDECUESTA | | | | | | | | AREA | | FECHA | | | | TURNO: DIA /NOCHE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NOMBRE | CARGO | HORA | FECHA | TAPABOCA | | GORRO | POLAINA | BATA | | GAFAS | CARETA | OVEROL | FIRMA |
| | | | | NORMAL | No. 95 | | | ANTI | DESEC | | | | |
| Yoy Pinzon | Fisioterapeuta | 7:00 | 08-01-21 | | X | | | | | | | | Yoy Pinzon |
| Dany Marcela Marin Peña | Tesorero | 7:00 | 13-01-21 | | X | | | | | | | | Dany Marcela Marin P. |
| Lida Rojas | | Dia | 13-01-21 | | | | | | | | | | Lida Marcela R. |
| | | | | | | | | | | | | | |
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