

FORMATO PARA ENTREGA DE EPP E.S.E HOSPITAL LOCAL DE PIEDECUESTA										FECHA:			TURNO: DIA /NOCHE		
NOMBRE	CARGO	HORA	FECHA	TAPABOCA NORMA No. 95	GORRO	AREA FARMACIA		GAFAS	CARETAS	OVEROL	FIRMA				
						POLAINA	ANTI BATA DESEC								
DIANA PAOLA ADARME MORALES	AUX. FARMACIA	7:00pm 19/02/21			X						DIANA P. AM				
		7:00pm 20/02/21			X						DIANA P. AM				
		7:00pm 22/02/21			X						DIANA P. AM				
		7:00pm 25/02/21			X						DIANA P. AM				
JENNY JOHANA JAIMES ORTEGA	AUX. FARMACIA														
WENDY CASTILLO	AUX. FARMACIA	6:55pm 18-02-21													
		7:00pm 20-02-21			X										
		6:55pm 21-02-21			X										
		6:55pm 23-02-21			X										
		6:55pm 24-02-21		X											
EDITH CORTES CARRILLO	REGENTE DE FARMACIA														