



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

NOMBRE	CARGO	HORA	FECHA	AREA FARMACIA		FECHA:	TURNO: DIA / NOCHE				
				TAPABOCA	GORRO	POLAINA	BATA	GAFAS	CARETAS	OVEROL	FIRMA
				NORMA No. 95			ANTI DESEC				
DIANA PAOLA ADARNE MORALES	AUX. FARMACIA	6:55pm 7:00pm 4:55pm	12/01/20 13/01/20 16/01/20	X	X X X		X X X				DIANA P. A.M. DIANA P. A.M. DIANA P. A.M.
JENNY JOHANNA JAIMES ORTEGA	AUX. FARMACIA	7:00pm 7:00pm 7:00pm	11-09-20 13-09-20 14-09-20	X	X X X		X X X				JENNY J. JENNY J. JENNY J.
EDITH CORTES CARRILLO	AUX. FARMACIA	12:00pm 12:00pm 12:00pm	12-09-20 13-09-20 17-09-20		X X X		X X X				EDITH CORTES EDITH CORTES EDITH CORTES
LAURA MARCELA SIERRA CORREA	AUX. FARMACIA	11-09-20 15-09-20 17-09-20	3:00AM 7:00AM 7:00AM		X X X		X X X				LAURA M. SIERRA C. LAURA M. SIERRA C. LAURA M. SIERRA C.
JESSYKA HAYDEE PINZON PELUFFO	REGENTE DE FARMACIA	09:00am 09:00am	11-09-20 14-09-20	/	X						JESSYKA H. JESSYKA H.