








































































































































































































































**CUÍDICA NUESTRA
SEÑORA DE LOS REMEDIOS**

CODIGO:

FECHA:

DIA												NOMBRE Y FIRMA	OBSERVACIONES
4												Darío C.	
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2012 Perez

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CODIGO:

100

FECHA:

[illegible]

**QUÍMICA NUESTRA
SEÑORA DE LOS REMEDIOS**

CODIGO:

FECHA:

[illegible]

**¿CÓMUNICA NUESTRA
SEÑORA DE LOS REMEDIOS.**

CODIGO:

FECHA:

ENERO
2021

REGISTRE LA CANTIDAD UTILIZADA DE CADA EPP

OBSERVACIONES

[illegible]

**CLÍNICA NUESTRA
SEÑORA DE LOS REMEDIOS**

FORMATO DE ENTREGA Y USO DE ELEMENTOS DE PROTECCION PERSONAL

CODIGO:	
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FECHA:

REGISTRE LA CANTIDAD UTILIZADA DE CADA EPP

2021

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**CLÍNICA NUESTRA
SEÑORA DE LOS REMEDIOS**

CODIGO:

FECHA:

[illegible]



Código: ST-FR-047

Formato: Entrega de Elementos de Protección Personal

Fecha: 17/Junio/2014

Me comprometo a utilizar los elementos de protección que me han sido suministrados para el desempeño de mis funciones y actividades dentro del área de trabajo. He sido instruido sobre la manera correcta de su uso y mantenimiento; igualmente me comprometo a mantenerlos en buen estado y reportar cualquier anomalía al jefe inmediato, para su reposición.

[illegible]



CLÍNICA NUESTRA
SEÑORA DE LOS REMEDIOS

Código: SST-FR-047

Formato: Entrega de Elementos de Protección Personal

Fecha: 17/Junio/2014

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FECHA DE ENTREGA			NOMBRE TRABAJADOR	AREA	NOMBRE DEL ELEMENTO DE PROTECCIÓN PERSONAL (EPP)	CANTIDAD	FIRMA
D	M	A					
22	12	2020	Jandra Rosero	C. EX	Kit	1	
23	12	2020	Yina P. Vero	C. EX	Kit	1	
23	12	2020	Magdalena Topala	C. EXL	Kit	1	
28	12	2020	Monica Velasco	MELO			
28	12	2020	Walter Lopez	C. EXT	Kit	1	
29	12	2020	Armando Silva	C. EXT	Kit	1	
29	12	2020	Alonso	C. EXT	Kit	1	
29	12	2020	Crystal Callejo	C. EXT.	Kit	1	
30	12	2020	Yeny Benitez	C. EXT	Kit	1	
4	01	2020	Jorge Prieto	C. EXT.	Kit	1	
4	01	2020	Monica Velasco	MELO			
04	01	2021	Sara Cantillo	C. EXT	Kit	1	
04	01	2021	Lina Naranjo	T.F.	Tapabocas BQS	1	
05	01	2021	Andres Silva	C. EXT	Kit	1	
5	1	2021	Indira Ros	C. EXT	Kit	1	

5 1 2021 Miguel Folleco C. EXT Kit completo 3