

FECHA DE ENTREGA														NOMBRE Y FIRMA	OBSERVACIONES
D	M	A.													
26	10	21	X	X		X	X							QUEP	que p
26	10	21	X	X		X	X							Alonso	Alonso
26	10	21	X	X		X	X							Alonso	Alonso
27	10	21	X	X		X	X							Alonso	Alonso
27	10	21	X	X		X	X							Alonso	Alonso
27	10	21	X	X		X	X							Alonso	Alonso
27	10	21	X	X		X	X							Alonso	Alonso
27	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
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28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
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28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
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28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
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28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
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28	10	21	X	X		X	X							Alonso	Alonso
28	10	21	X	X		X	X							Alonso	Alonso
2															




















[illegible]

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.

Formato: Entrega y Uso de Elementos de Protección Personal de Bioseguridad

Fecha: 12/Junio/2020

Versión: 001

FECHA DE ENTREGA																																																																																																																																																																																								
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