Mes\_\_\_\_\_\_\_\_\_\_\_\_\_ Año 20­­\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **FUNCIONARIO** | **DEPENDENCIA** | **SI** | **NO** | **CUALES** | **FIRMA** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |

Responsable Seguridad y Salud en el Trabajo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_