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| --- | --- | --- | --- | --- | --- |
| **Fecha:** |  | **Responsables/Zona:** |  | **Barrio/Comuna/Corregimiento:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **NOMBRE DEL ESTABLECIMIENTO** | **SECTOR** | **CUMPLE CON AFORO** | **PROTOCOLO** | **USO CORRECTO DE TAPABOCAS** | **LAVADO E HIGIENIZACION DE MANOS** | **DISTANCIAMAIENTO INDIVIDUAL RESPONSABLE** | **No. DE VISITAS REALIZADAS AL LOCAL** | **OBSERVACIONES** | **QUIEN RECIBE LA VISITA** |
| **SI** | **NO** | **SI** | **NO** | **SI** | **NO** | **SI** | **NO** | **SI** | **NO** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Contratista quien realiza la visita (Nombres y Apellidos)

C.C :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_