**ELECCION COMITÉ PARITARIO DE SEGURIDAD Y SALUD EN EL TRABAJO (COPASST) REGISTRO DE VOTANTES**

# **Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ITEMS** | **Nombre y apellidos** | **Cédula/Código** | **Sección** | **Cargo** | **Firma** |
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­**Firma del Responsable**