

Vig. 20/07/2021

## LISTA DE ASISTENCIA A CAPACITACION

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| Hernaldez Emmanue<br>TEC SUP SEGURIDAD E MEGEN<br>Y CONT AMBIENTAL INDUSTRIAL<br>Mat CPHST THS 284 PBA<br>Mat CPHST THS 284 PBA |
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| TEM   | EMA: COULD-18 MODIDIES DE PREVENCION  |            |                |  |                    |  |  |  |  |  |
|---|---|------------|----------------|--|--------------------|--|--|--|--|--|
| LUGA  | AR SAW UETS   | 2015 anist | Provide 1      |  |                    |  |  |  |  |  |
| DIRIC   | DIRIGIDO A: PERSONAL ADMINISTRATIVO   |            |                |  |                    |  |  |  |  |  |
|   |   |            |                |  |                    |  |  |  |  |  |
|   |   |            |                |  |                    |  |  |  |  |  |
| FECH  | FECHA: 06 105/2022 HORARIO: 10:00 45  |            |                |  |                    |  |  |  |  |  |
| DURACION (hs): 20 MINUTES   |   |            |                |  |                    |  |  |  |  |  |
| EXPOSITOR: HERRINDEZ EMMANUEZ.  |   |            |                |  |                    |  |  |  |  |  |
| ASISTENTES  |   |            |                |  |                    |  |  |  |  |  |
|   |   |            |                | EłRMA /  | Medición<br>Efect. |  |  |  |  |  |
|   | NOMBRE Y APELLIDO   | AREA       | PUESTO         | 1  |                    |  |  |  |  |  |
| 1   | Matins Varela   | ADD        | nkt            | to A   |                    |  |  |  |  |  |
| 2   | Stepania Leja   | MGA        | Pago Pos.      | W. O   |                    |  |  |  |  |  |
| 3   | MONICH INSERN   | ADT        | 2-Arep         | of the out   |                    |  |  |  |  |  |
| 4   | AMOREA FRANTIRA   | Aom        | PERSONAL       | Huy  |                    |  |  |  |  |  |
| 5   | MYRCAN ANAVARED   | ADM        | ASM            | The state of the s |                    |  |  |  |  |  |
| 6   | Alejandio Bran  | Adu        | Gte Grd        | (MAC)  |                    |  |  |  |  |  |
| 7   | Ceulos Copasso  | Adn-       | 64 Cripia      |  |                    |  |  |  |  |  |
| 8   | Gistaus Mohe  | AL         | Pago Proceedor |  |                    |  |  |  |  |  |
|   | Baccadons Maria   | Covercial  | Soms-Cist      | M  |                    |  |  |  |  |  |
| 10  | y ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   |            |                |  |                    |  |  |  |  |  |
|   |   |            |                |  |                    |  |  |  |  |  |
| 11  |   |            |                |  |                    |  |  |  |  |  |
| Especificar la forma y fecha en que se medirá la efectividad de la capacitación |   |            |                |  |                    |  |  |  |  |  |
| L. ,  |   |            |                |  |                    |  |  |  |  |  |
| a dente st  |   |            |                |  |                    |  |  |  |  |  |
|   | Hernoydez Emmand  |            |                |  |                    |  |  |  |  |  |
|   | TEC SUP SEGURIDAD E HIGIENE Y CONT. AMBIENTAL INDUSTRIAL MAI. CPHST-THS-284 PBA |            |                |  |                    |  |  |  |  |  |

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