Actividades de formación

| Actividad CAPACITACION | | Lugar PLANTA 1 | | | | | | | |
|--|-------------------------------|----------------|--|---------------|-----------------|--|--|--|--|
| Fecha programada 06 08 2020 | | Responsable | | | | | | | |
| Horas programadas | Instructor LERNANDEZ EMMANUEL | | | | | | | | |
| 1 Objetivo | | | | | | | | | |
| - CERO AccideNtes- | | | | | | | | | |
| 2 Contenidos | | | | | | | | | |
| - Operación Segura en Impresoras - | | | | | | | | | |
| 3 Participantes | | | | | Cumple Objetivo | | | | |
| Fecha real | 1 1 | 1 1 | Fecha | Evaluador | | | | | |
| Horas reales | | Firma | Firma | Completa | Evaluador | | | | |
| Apellido y nombre | Firma | Firma | FIIIIIa | Completa | Lyaldadoi | | | | |
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| Firma Jefe de Calidad | | Fecha | | | | | | | |

Aprobó: Dir Fecha: 17/10/2017

Actividades de formación

| Actividad CAPAL TACION | Lugar PLANTA A | | | | | | | | |
|--|--|-------------|--------|--------------------|---------------|--|--|--|--|
| Fecha programada 06/08/2020 | | Responsable | | | | | | | |
| Horas programadas | nstructor HTENANDEZ EMMANUEL | | | | | | | | |
| 1 Objetivo | | | | | | | | | |
| - CORO ACCIDENTES. | | | | | | | | | |
| 2 Contenidos | | | | | | | | | |
| - OPERACIONI SEGURA EN IMPRESOTRAS | | | | | | | | | |
| 3 Participantes | Cumple Objetivo | | | | | | | | |
| Fecha real | Fecha real のんとう | | 1 1 | Fecha | Evaluador | | | | |
| Horas reales | Fi | Firms | Firma | Completa Evaluador | | | | | |
| Apellido y nombre | Firma | Firma | Fillia | Completa | Liuiuuu | | | | |
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| | TÉC. SUP. SEGURID Y CONT. AMBIETTA MAT CPC | 7704 | - 44 | HI WAY | | | | | |
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| 4 Verificación de la eficacia d | e la activid | ad de form | ación | | | | | | |
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| 5 Cerrar y archivar | | | | | | | | | |
| Firma Jefe de Calidad | | | Fecha | | | | | | |