





ALCALDÍA MAYOR  
DE BOGOTÁ D.C.

SECRETARÍA DE INTEGRACIÓN SOCIAL

PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL  
PROCEDIMIENTO OPERACIÓN ENTREGA DE APOYOS ALIMENTARIOS EN LOS SERVICIOS SOCIALES

Código: FOR-PSS-239

Versión: 0

Fecha: Memo IHT 2019028408 -

31/05/2019

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FORMATO CONTROL DE TEMPERATURA DE EQUIPOS DE CONGELACIÓN

SUBDIRECCIÓN LOCAL / LOCALIDAD: Barrio Candelaria

SERVICIO SOCIAL: Salud Integral de Familia y Comunitaria

UNIDAD OPERATIVA: Unidad de Ceto Secundario

AÑO: 2013

MES: enero

COORDINADOR O RESPONSABLE: Soi Nelly Ospina

OPERADOR: Unidad de Ceto Secundario

TEMPERATURAS DE SEGURIDAD: -18°C

| TEMPERATURA<br>EN GRADOS<br>CENTÍGRADOS | DÍA |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|-----------------------------------------|-----|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|                                         | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
| -5                                      |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -6                                      |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -7                                      |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -8                                      |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -9                                      |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -10                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -11                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -12                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -13                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -14                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -15                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -16                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -17                                     |     | X | X | X |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -18                                     | X   | X | X | X | X | X | X | X | X | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |  |
| -19                                     | X   | X | X | X | X | X | X | X | X | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |  |
| -20                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -21                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -22                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -23                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -24                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| -25                                     |     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

RESPONSABLE DEL DILIGENCIAMIENTO:

NOMBRES Y APELLIDOS: Julio Aldemar Ospina

CARGO: Operador

FIRMA: [Firma]

OBSERVACIONES: