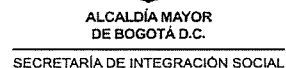


## FORMATO LISTA DE VERIFICACIÓN DE LIMPIEZA, DESINFECCIÓN Y ACCIONES CORRECTIVAS

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**2. Nombre del responsable del diligenciamiento:** Víctor Sebastián Hernández Celis

|                               | 3. Semana Uno |   |   |   |   |   |   | 3. Semana Dos |   |   |   |   |   |   | 3. Semana Tres |   |   |   |   |   |   | 3. Semana Cuatro |   |   |   |   |   |   | 3. Semana Cinco |   |   |   |   |   |   |
|-------------------------------|---------------|---|---|---|---|---|---|---------------|---|---|---|---|---|---|----------------|---|---|---|---|---|---|------------------|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|
|                               | del 01 al 07  |   |   |   |   |   |   | del 08 al 14  |   |   |   |   |   |   | del 15 al 21   |   |   |   |   |   |   | del 22 al 28     |   |   |   |   |   |   | del al          |   |   |   |   |   |   |
|                               | L             | M | M | J | V | S | D | L             | M | M | J | V | S | D | L              | M | M | J | V | S | D | L                | M | M | J | V | S | D | L               | M | M | J | V | S | D |
| <b>COMEDOR</b>                |               |   |   |   |   |   |   |               |   |   |   |   |   |   |                |   |   |   |   |   |   |                  |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Pisos comedores (Diariamente) | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |   |   |   |   |   |
| Paredes (Semanal)             |               |   | 1 |   |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |
| Techos (1 vez al Mes)         |               |   |   |   |   |   |   |               |   |   |   |   |   |   |                |   | 1 |   |   |   |   |                  |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Ventanas-anjeo (Semanal)      |               |   | 1 |   |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |
| <b>BAÑOS</b>                  |               |   |   |   |   |   |   |               |   |   |   |   |   |   |                |   |   |   |   |   |   |                  |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Sanitario (Diariamente)       | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |   |   |   |   |   |
| Orinales (Diariamente)        | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |   |   |   |   |   |
| Lavamanos (Diariamente)       | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |   |   |   |   |   |
| Espejo (Diariamente)          | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |   |   |   |   |   |
| Pisos (Diariamente)           | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |   |   |   |   |   |
| Paredes (Mensualmente)        |               |   | 1 |   |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |
| Techos (Mensualmente)         |               |   | 1 |   |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |
| Ventanas (Mensualmente)       |               |   | 1 |   |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |
| Puertas (Mensualmente)        |               |   | 1 |   |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |



## FORMATO LISTA DE VERIFICACIÓN DE LIMPIEZA, DESINFECCIÓN Y ACCIONES CORRECTIVAS

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|                                              | 3. Semana Uno |   |   |   |   |   |   | 3. Semana Dos |   |   |   |   |   |   | 3. Semana Tres |   |   |   |   |   |   | 3. Semana Cuatro |   |   |   |   |   |   | 3. Semana Cinco |   |   |   |   |   |   |
|----------------------------------------------|---------------|---|---|---|---|---|---|---------------|---|---|---|---|---|---|----------------|---|---|---|---|---|---|------------------|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|
|                                              | del 01 al 07  |   |   |   |   |   |   | del 08 al 14  |   |   |   |   |   |   | del 15 al 21   |   |   |   |   |   |   | del 22 al 28     |   |   |   |   |   |   | del     al      |   |   |   |   |   |   |
|                                              | L             | M | M | J | V | S | D | L             | M | M | J | V | S | D | L              | M | M | J | V | S | D | L                | M | M | J | V | S | D | L               | M | M | J | V | S | D |
| Papeleras (2 veces en la semana)             | 1             |   |   |   | 1 |   |   | 1             |   |   |   | 1 |   |   | 1              |   |   |   | 1 |   |   | 1                |   |   |   | 1 |   |   |                 |   |   |   |   |   |   |
| CUARTO DE ALMACENAMIENTO DE RESIDUOS SÓLIDOS |               |   |   |   |   |   |   |               |   |   |   |   |   |   |                |   |   |   |   |   |   |                  |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Canecas (Tres veces en la semana)            | 1             |   | 1 |   | 1 |   |   | 1             |   | 1 |   | 1 |   |   | 1              |   | 1 |   | 1 |   |   | 1                |   | 1 |   | 1 |   |   |                 |   |   |   |   |   |   |
| Pisos (Diariamente)                          | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 | 1 | 1 | 1 |   |
| Paredes (Semanal)                            |               | 1 |   |   |   |   |   | 1             |   |   |   |   |   |   | 1              |   |   |   |   |   |   | 1                |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Techos (Semanal)                             |               |   | 1 |   |   |   |   |               | 1 |   |   |   |   |   |                | 1 |   |   |   |   |   |                  | 1 |   |   |   |   |   |                 |   |   |   |   |   |   |
| Puerta (Semanal)                             |               |   |   | 1 |   |   |   |               |   | 1 |   |   |   |   |                |   | 1 |   |   |   |   |                  |   | 1 |   |   |   |   |                 |   |   |   |   |   |   |
| OTROS ELEMENTOS                              |               |   |   |   |   |   |   |               |   |   |   |   |   |   |                |   |   |   |   |   |   |                  |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Colchonetas                                  | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 | 1 | 1 | 1 |   |
| Instrumentos de viento plásticos (semanal)   |               |   | 1 |   |   |   |   |               | 1 |   |   |   |   |   |                | 1 |   |   |   |   |   |                  |   |   |   |   |   |   |                 |   |   |   |   |   |   |
| Ambiente (Diariamente)                       | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 | 1 | 1 | 1 |   |
| Puntos ecológicos (Semanal)                  |               |   | 1 |   |   |   |   |               | 1 |   |   |   |   |   |                | 1 |   |   |   |   |   |                  | 1 |   |   |   |   |   |                 |   |   |   |   |   |   |
| Archivo (Semanal)                            |               |   | 1 |   |   |   |   |               | 1 |   |   |   |   |   |                | 1 |   |   |   |   |   |                  | 1 |   |   |   |   |   |                 |   |   |   |   |   |   |
| Tendido de Camas (Diario)                    | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 | 1 | 1 | 1 |   |
| Forros de Colchones (Diario)                 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1             | 1 | 1 | 1 | 1 | 1 | 1 | 1              | 1 | 1 | 1 | 1 | 1 | 1 | 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 | 1 | 1 | 1 |   |