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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DEL ENCARGADO DE SUPERVISAR EL ASEO DEL BAÑO:** | | | | | | | | | | | | |
| **SEDE DE SERVICIO: PAMPLONA** | | |  | **VILLA DEL ROSARIO:** | | |  |  | | | | |
| **FECHA** | **HORA** | **PISOS** | | | **SANITARIO** | **LAVAMANO (Espejos)** | | | **Paredes, Puertas, Techos, etc** | **ACCESORIOS DE BAÑO**  **(Papel higiénico, basurero, jabón)** | **OLORES** | **FIRMA DEL SUPERVISOR** |
|  | AM |  | | |  |  | | |  |  |  |  |
| PM |  | | |  |  | | |  |  |  |  |
|  | AM |  | | |  |  | | |  |  |  |  |
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|  | AM |  | | |  |  | | |  |  |  |  |
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|  | AM |  | | |  |  | | |  |  |  |  |
| PM |  | | |  |  | | |  |  |  |  |
| **OBSERVACIONES:** | | | | | | | | | | | | |
| **CALIFICACIÓN DEL SUPERVISOR :** Excelente: **4** Bueno: **3** Regular: **2** Deficiente: **1 NOTA: MARCAR CON UN √ Y CON UNA X SI NO CUMPLE.** | | | | | | | | | | | | |