REGISTRO DE GENERACIÓN DE RESIDUOS HOSPITALARIOS

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| **SEDE:** | **ESPACIO FÍSICO:** | | **PERIODO DE GENERACIÓN:** |
| **RESPONSABLE ESPACIO FÍSICO:** | | **RESPONSABLE SGA:** | |

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| **FECHA** | **TIPO DE RESIDUO GENERADO**  **(KILOGRAMOS)** | | | | **CANTIDAD DE BOLSAS (UNIDADES)** | **CANTIDAD TOTAL DE RESIDUOS (KILOGRAMOS)** | **OBSERVACIONES** |
| **BIOSANITARIOS Y1** | **CORTOPUNZANTES Y1** | **ANATOMOPATOLÓGICOS Y1** | **ANIMALES Y1** |
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