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| Municipio |  |
| Lugar |  |
| Nombre del equipo |  |

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| N° | Fecha | Hora | Firma Quien realiza la limpieza | Firma quien verifica |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 12 |  |  |  |  |
| Observaciones:  |