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| **TABLA DE IDENTIFICACIÓN DE RIESGOS** |
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| **ÁREA** | **TEMPERATURA** | **HUMEDAD** | **CONTACTO CON EQUIPO EN ZONA DE RIESGO** | **CONTACTO DIRECTO CON EL PERSONAL** | **SISTEMA DE AIRE ACONDICIONADO** | **CALIFICACIÓN** |
| Alta | Media | Baja | Alta | Media | Baja | Si | No | Si | No | Si | No |
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CONSULTOR PUNTO LIMPIO

 NOMBRE Y FIRMA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_