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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_