**Reporte de condiciones de seguridad y salud en el trabajo**

**Nombre de quien reporta: Cargo de quien reporta:**

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|  |  | | **Reporte de condiciones SST** | | | | |  |  |
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|  | **Fecha:** | | / / | | |  |  |  |  |
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|  | **Ubicación de la Condición:** | |  | |  |  |  |  |  |
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|  | **Descripción y propuesta de mejora:** | | | |  |  |  |  |  |
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|  | **Nombre del jefe a quien se dirige el reporte:** | | |  | | | | |  |
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|  | **Nombre de quien reporta:** | | |  | | | | |  |
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Funcionario afectado:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_