**ACTA DE ASISTENCIA -REGISTRO DE VOTANTES**

**COMITÉ PARITARIO DE SALUD OCUPACIONAL**

EMPRESA: Cardona & Asociados FECHA: 7/11/2014

|  |  |  |  |
| --- | --- | --- | --- |
| NO° | NOMBRE | NO° DE CÉDULA O REGISTRO | FIRMA DEL TRABAJADOR |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

FECHA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONSABLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_