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| **DISPOSITIVO (1)** | FRECUENCIA | RESPONSABLE | DIA (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OBSERVACIONES |
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Notas: (1): Identificar el tipo de dispositivo de que se trata y su ubicación (dispensador gel hidroalcohólico, jabonera, secador manos, grifo lavamanos...)

(2): Indicar en el día correspondiente en que se realice la revisión la inicial o código asignado de la persona que ha revisado el dispositivo