Demo Hastanesi
OKSİJEN JAKI TEMİZLEME FORMU

Doküman Kodu: DH.FR.014	Yayın Tarihi: 15.09.2021	Revizyon Tarihi: -	Revizyon No: 0	Sayfa: 1 / 1

TARİH	TEMİZLİK SORUMLU PERSONEL	KONTROL EDEN SORUMLU HEMŞİRE	İMZA
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			
...../...../20..			