Marque con una X si su registro es para:

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| Comité Paritario de seguridad y salud en el trabajo COPASST |  | Comité de Convivencia Laboral CCL |  |

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre y firma del representante de mesa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Ítem** | **NOMBRE** | **No. CÉDULA** | **FIRMA** |
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