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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **CENTRO DE TRABAJO:** | | | | |  | | **FECHA:** | | **HORA INICIO:** | | **HORA TERMINO:** |  | |  | **REPRESENTANTES DE LA ENTIDAD EMPLEADORA** |  | **REPRESENTANTE DE LAS PERSONAS TRABAJADORAS** | |  | | 1. |  | 1. |  | |  | | 2. |  | 2. |  | |  | | 3. |  | 3. |  | |  | | 4. |  | 4. |  | |  | | 5. |  | 5. |  | |  | | 6. |  | 6. |  | |  | |  |  |  |  | |  | | **INVITADOS** | | **AUSENTES** | | |  | | 1. |  | 1. |  | |  | | 2. |  | 2. |  | |  | | 3. |  | 3. |  | |  | | 4. |  | 4. |  | |  | | 5. |  | 5. |  | |  | | **TEMAS ABORDADOS** | | | | |  | |  | | 1. | **Reflexión Preventiva:** | | | |  | | 2. | **Lectura de acta anterior:** | | | |  | | 3. | **Temas abordados**   * Ejecución Plan de Trabajo: * Comisión de Investigación de Accidentes: | | | |  | |  | * Comisión de Inspecciones y Observaciones: | | | |  | |  | * Comisión Capacitación y Difusión: | | | |  | |  | * Análisis de Accidentes del trabajo y Enfermedades Profesionales mes anterior: | | | |  | | 4. | **Otros:** | | | |  | | **ACUERDOS TOMADOS** | | | **RESPONSABLES** | **FECHA DE CUMPLIMIENTO** |  | |  | |  | | |  |  |  | | **PROXIMA REUNIÓN:** | | |  |  |  | |