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| **FORMATO DE MANEJO DE RESIDUOS SOLIDOS** | | | | | | | | | | |
| **Nombre de la sede o dependencia:** | | | | | | | | **Dirección:** | | **Año:** |
| **DIA** | **Mes:** | | | **Mes:** | | | | **Mes:** | | |
| **Aprovechables**  **Bolsa Blanca** | **Orgánicos Bolsa Verde** | **No aprovechables**  **Bolsa Negra** | **Aprovechables**  **Bolsa Blanca** | **Orgánicos Bolsa Verde** | **No aprovechables**  **Bolsa Negra** | **Aprovechables**  **Bolsa Blanca** | | **Orgánicos Bolsa Verde** | **No aprovechables**  **Bolsa Negra** |
| **(KG)** | **(KG)** | **(KG)** | **(KG)** | **(KG)** | **(KG)** | | **(KG)** | **(KG)** | **(KG)** |
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| **31** |  |  |  |  |  |  | |  |  |  |
| **Resumen mes**  **C - NC** |  |  |  |  |  |  | |  |  |  |
| **TOTAL** |  |  |  |  |  |  | |  |  |  |
| **Firma personal de aseo** |  | | |  | | | |  | | |  |