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| **Nombre del Líder del SST que diligenció:** |  |
| **Unidad de decisión a la que corresponde:** |  |

**Integrantes del COE - Comité Operativo de Emergencias**

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| **NOMBRE** | **CARGO** |
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En caso de requerir incluir las filas necesarias

**Listado Brigadistas activos**

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| **CÉDULA** | **NOMBRE** | **FUNCIÓN EN LA BRIGADA** |
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