**ACTA DE ELECCION DE DELEGADOS/AS DE PREVENCION**

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|  | Provincia | | Nº de orden | | | | |  | Día | | Mes | | Año | |
| Nº de Acta |  |  |  |  |  |  |  | Fecha de elección Deleg. Prev. |  |  |  |  |  |  |

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| **1. CENTRO DE TRABAJO/UNIDAD ELECTORAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre: |  | | | | | | | | | | | | | | | | | | | | | | | | C.I.F.: | | |  | | | | | | | | | | |
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| Dirección: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Municipio: | |  | | | | | | | | |  | |  | |  | Comarca: | | | | | | | |  | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provincia: | | |  | | | |  | |  | | C. Postal | | | | | |  | |  | |  | |  | | |  | Tfno.: | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actividad económica principal (CNAE) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  |  |
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| Núm. Inscripción Seguridad Social | | | |  | |  | | / | |  | |  | |  | |  | |  | |  | |  | | | Nº trabajadores | | | | | | | |  |  |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Convenio | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  |  | |  |  |

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| **2. EMPRESA (si es diferente del centro de trabajo)** | | | | | | | | | | | |
| Nombre: |  | | | | | | C.I.F./D.N.I.: | |  | | |
|  | | | | | | | | | | | |
| Domicilio: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Municipio: | |  |  |  |  | Provincia: | |  | |  |  |

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| **3. DATOS REFERIDOS A LAS ULTIMAS ELECCIONES SINDICALES** | | | | | | | | | | | | | | | |
|  | Provincia | | Nº de orden | | | | |  | Día | | Mes | | Año | |
| Nº de Acta |  |  |  |  |  |  |  | Fecha de votación |  |  |  |  |  |  |

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| **4. NUMERO DE DELEGADOS/AS DE PREVENCION** | | |  |  |
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| **5. METODO DE ELECCION** | | | | | | | | | |
|  | Entre delegados/miembros del comité (Art. 35.2) | | | | Número |  |  |  |
|  | | | | | | | | | |
|  | Directo por trabajadores (cuando no hay representación, Adicional 4ª. L.P.R.L.) | | | | Número |  |  |  |
|  | | | | | | | | | |
|  | Otro sistema (por convenio o acuerdo, Artículo 35.4 L.P.R.L.) | | | | Número |  |  |  |

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| **6. DELEGADOS/AS DE PREVENCION ELEGIDOS/AS** | | | | | | | | | | |
|  |  |  | Nombre |  | F. Nacimiento | | | Antigüedad |  |
|  | D.N.I. | Nombre y Apellidos | Organización | Sexo | Día | Mes | Año | meses | Votos |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |

Nota: En caso de sustitución, señalar la persona sustituida:

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Los/as abajo firmantes certificamos la veracidad de los datos referidos a la elección de delegados/as de prevención en el mencio­nado Centro de Trabajo.

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| D/Dª. |  | D/Dª. | | |  | D/Dª. | |  |
|  | | | | | | | | | |
|  | Presidente/a del Comité de Empresa | |  | Secretario/a del Comité de Empresa | | |  |  |
|  | | | | | | | | | |
|  | Delegado/a de Personal 1 | |  | Delegado/a de Personal 2 | | |  | Delegado/a de Personal 3 |
|  | | | | | | | | | |
|  | Presidente/a de la Mesa (Adicional 4ª.) | |  | Secretario/a de la Mesa (Adicional 4ª.) | | |  |  |
|  | *(Firma)* |  | | | *(Firma)* |  | | *(Firma)* |
| D/Dª. |  | D/Dª. | | |  | D/Dª. | |  |