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| **FAM-TECH-S-G**  Adresse : Guédiawaye, Cité Santé  Téléphone : 77 837 17 88 | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | | |  | |  | |  | | --- | | Mission : REF007 | | | | | | | |
|  |  | |  | |  | | **FICHE D’INTERVENTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client | | | | | | | | |  | |  | |  | |  | | Société Générale Sénégal | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  |  | |  | | | |  | |  | | |
| Intervenant | | | | | | | | | **Mame Faty Mboré NDAO** | | | | | | | | | | | | |  |  | | |  |  |  | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  |  | |  | | | |  | |  | | |
| Intervention Du | | | | | | | | | 01/04/2023 | | | | | | | | | | | | | Nb de jours total : | | | | | | | | |  |  | |  | | | |  | | **16** | | |  |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  |  | |  | | | |  | |  | | |  |
| Au | | | | | | | | | 30/04/2023 | | | | | | | | | | | | |  | | | | | | | | |  |  | |  | | | |  | |  | | |  |
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| 1 | 2 | 3 | | 4 | | 5 | | 6 | 7 | 8 | | 9 | | 10 | | 11 | | 12 | 13 | 14 | 15 | 16 | | 17 | 18 | 19 | 20 | 21 | | 22 | 23 | | 24 | | 25 | 26 | 27 | | 28 | | 29 | 30 |
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| **Immobilisation**  **/Charges** | **Sujet/ Projets** | **Actions** | **Temps passé**  **(Jours)** | **% de Réalisation** | **Description des actions effectuées durant la mission** |  |
| Immobilisation | Outil Reporting incident | Développement des fonctionnalités de l’application | 16 | 52% | * Mise en place d’un système d’authentification permettant aux utilisateurs de se connecter à l’outil * La gestion des différents profils des utilisateurs de l’outils * La gestion des permissions permettant de restreindre les accès de l’utilisateur * La gestion des utilisateurs : l’ajout et l’attribution des accès à un nouvel utilisateur * La gestion de la liste des outils permettant d’ajout les différents outils * La gestion des incidents * Mise en place d’un tableau de bord | |
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| --- | --- | --- |
| **Points de vigilance, Recommandations et Suivi** | | |
|  | | |
| Date : 02/05/2023 | Signature SGBS | Signature PRESTATAIRE  Mame Faty Mboré NDAO |