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| --- | --- | --- | --- | --- | --- |
| **Immobilisation**  **/Charges** | **Sujet/ Projets** | **Actions** | **Temps passé**  **(Jours)** | **% de Réalisation** | **Description des actions effectuées durant la mission** |
| Immobilisation | E-Form | Maintenance et documentation | 18 | 100% | * Installation du projet * Retro engineering de E-Form * Etude des documentations existantes de E-Form * Rédaction du document de conception |

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| **FAM-TECH-S-G**  Adresse : Guédiawaye, Cité Santé  Téléphone : 77 837 17 88 | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | --- | | Mission : REF0001 | | | | | | | | | | |
| **FICHE D’INTERVENTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client | | | | | | | Société Générale Sénégal | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Intervenant | | | | | | | **Mame Faty Mboré NDAO** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Intervention Du | | | | | | | 03/10/2022 | | | | | | | | | | | | Nb de jours total : | | | | | | | | | **18** | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Au | | | | | | | 31/10/2022 | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 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 | 31 |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **Points de vigilance, Recommandations et Suivi** | | |
|  | | |
| Date : 02/11/2022 | Signature SGBS | Signature PRESTATAIRE  Mame Faty Mboré NDAO |