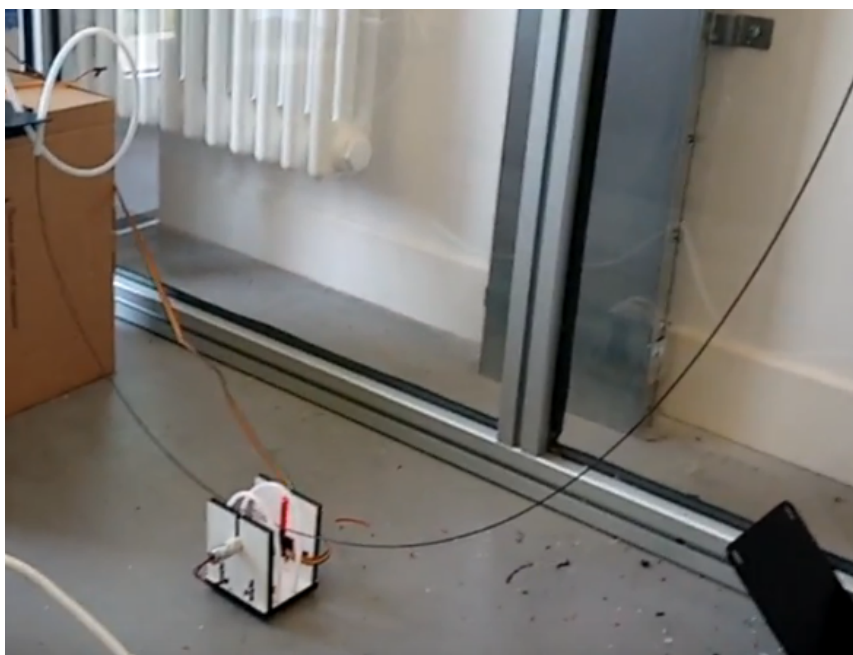


NOM DU SITE : Lorraine Fab Living Lab

EVALUATION DES RISQUES						Evaluation No.																																																																																																																																																																																																																																																																																															
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<p>Note à l'attention des employés: Il est de votre devoir d'informer l'employeur de toute situation qui pourrait entraîner une modification dans cette évaluation</p>																																																																																																																																																																																																																																																																																																					
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	Hautes, basses Températures	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0				Chutes de hauteur	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																										
3	Objets chauds	<input checked="" type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div>3</div><div>2</div></div>	6			6	Ergonomie	<input checked="" type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div>2</div><div>2</div></div>	4	2																																																																																																																																																																																																																																																																																									
	Irritation de la peau	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0			Autres	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																											
	Blessures à l'oeil - Laser	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0				<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																											
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4	Fumées, vapeurs, poussières	<input checked="" type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div>3</div><div>2</div></div>	6	3																																																																																																																																																																																																																																																																																																
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	Substances dangereuses	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																																	
	Gaz inflammables	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																																	
	Matériaux combustibles	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																																	
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	Non-électrique	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<div style="display: flex; justify-content: space-between; width: 100px;"><div></div><div></div></div>	0																																																																																																																																																																																																																																																																																																	
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Cotation Occurrence</p> <p>Improbable 1</p> <p>Possible 2</p> <p>Probable 3</p> <p>Très probable 4</p> <p>Certain 5</p> </div> <div style="width: 45%;"> <p>Cotation Gravité</p> <p>Nul 1</p> <p>Léger 2</p> <p>Modéré 3</p> <p>Elevé 4</p> <p>Extrême 5</p> </div> </div>																																																																																																																																																																																																																																																																																																					

Plus forte note d'évaluation de risque unitaire avant mise en œuvre actions		12	Somme de toutes les évaluations de risque avant mise en œuvre actions		33
Rechercher actions pour tout risque individuel évalué > 9 lorsque la somme de tous les risques est > 30					
	Action			Responsable	
1	Risque de chute (filament) Action : Trouver un système où si on doit intervenir sur l'enrouleuse, le filament ne soit pas à hauteur des pieds pour éviter de se prendre les pieds dans le filament.			Lorraine Fab Living Lab	
2	Risque de chute du système d'alimentation et de l'extrudeuse Action : Trouver un système d'accroche plus robuste. Actuellement de la ficelle pour tenir le système d'alimentation. Il est important de trouver un système d'acroche pour éviter le risque de chute.			Lorraine Fab Living Lab	
3	Risque de brûlure au niveau de l'extrudeuse Action : Mettre des gants de protection (Gant contre la chaleur) pour manipuler l'extrudeuse quand elle est en fonctionnement.			Lorraine Fab Living Lab	
4	Risque de vapeur/poussière plastique Action : Mettre en place un système de ventilation et respecter le code du travail concernant l'aération d'un espace de travail.			Lorraine Fab Living Lab	
5	Risque de prendre un coup d'électricité Action : Mettre les fils dans un boîtier de rangement			Lorraine Fab Living Lab	
6	Risque posture Action : Mettre à hauteur ergonomique l'extrudeuse, le système d'alimentation et l'enrouleuse.			Lorraine Fab Living Lab	
Si nécessaire, adjoindre page supplémentaire reliée à celle-ci					
Exigences de formation:					
A					
B					
C					
D					
Si nécessaire, adjoindre page supplémentaire reliée à celle-ci					
Évalué par :				Évaluation approuvée :	
(Nom de la personne compétente en RA)		(Signature de la personne compétente en RA)		(Signature du Chef de département de l'entité)	
Plus forte note d'évaluation de risque unitaire après mise en œuvre actions			Somme de toutes les évaluations de risques après mise en œuvre actions		
Prochaine date de révision:					
Date revue:		Revu par:			
		nom/fonction		signature	
Date revue:		Revu par:			
		nom/fonction		signature	
Date revue:		Revu par:			
		nom/fonction		signature	

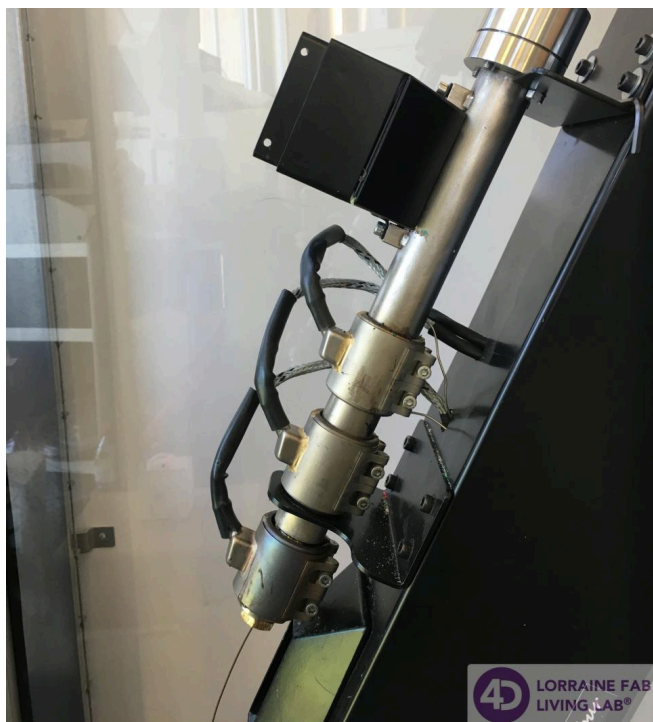
1. Déplacement dangereux, chute de plain pied, glissade



2. Chute d'objets



3. Objets chauds



5. Equipements électriques

