|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | **FICHE D'EXPOSITION (FE)** *hors rayonnements ionisants*  FE initiale valable 1 an maximum et à refaire à chaque changement des conditions de travail;  avec possibilité de la prolonger 2 ans de suite (dans le cadre prévu à cet effet) s'il n'y a pas de changement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Motif :** | | | | | | | | | | | | | | | | | | | | | | | |
| Si suivi d'exposition pénibilité : envoyer une copie de la FE à prevention-penibilite@expleogroup.com.  Dans tous les cas : envoyer la FE au correspondant médical et la présenter au médecin du travail lors de votre visite médicale. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOM Prénom :** | | | | | | | | | | | | | | «${user.lastName}» «${user.firstName}» | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Date de naissance:** | | | | | | | | | | | | | | | | | Champ $birthdate | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | |
| **Etablissement de rattachement:** | | | | | | | | | | | | | | | | | | | | | | | | | | Champ $site | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |  | | | |  | | |  | | |  | |  | |  | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | |
| **Poste de travail :** | | | | | | | | | | | | |  | | | |  | | |  | |  | | | Champ $workingPlace | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | |  | | | |  | | |  | | |  | |  | |  | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | |
| **Client :** | | | | | | |  | | | |  | |  | | | |  | | |  | |  | | | Champ $client | | | | | | | | | | | | | |  | |  | | |  | | |  | | |  | |  | | |  | | | |  | | |  | | |  | |  | |  | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | |
| **Type de mission :** | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | | |
| **Rythme et Ambiances de Travail**  **Indiquez la fréquence d'exposition : "3" si hebdomadaire ; "2" si mensuelle ; "1" si 1 à 2 fois par an ; "0" si non concerné** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | |  | |  | | | |  | | |  | |  | | |  | | | | |  | | | |  | | |  | |  | |  | | |  | | |  | | |  | |  | | |  | | | |  | | |  | | |  | |  | |  | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | |
|  |  | |  | |  | |  | |  | | | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Facteurs de Pénibilité**  **cochez les cases** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
| **Rythme et Ambiances de Travail**  **Indiquez la fréquence d'exposition : "3" si hebdomadaire ; "2" si mensuelle ; "1" si 1 à 2 fois par an ; "0" si non concerné** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Facteurs de Pénibilité**  **cochez les cases** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Autres RISQUES (Relevé Amiante à compléter et à présenter au Médecin du Travail)**  **Indiquez la fréquence d'exposition : "3" si hebdomadaire ; "2" si mensuelle ; "1" si 1 à 2 fois par an ; "0" si non concerné** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activités particulières**  **Indiquez la fréquence d'exposition : "3" si hebdomadaire ; "2" si mensuelle ; "1" si 1 à 2 fois par an ; "0" si non concerné** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipements de Protection Individuelle (EPI) : cochez les cases** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Fiche d’exposition (FE) INITALE | | | | | | | | | | | | | | | | | | | | FE PROLONGATION 1 | | | | | | | | | | | | | | | | | | | | FE PROLONGATION 2 | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
| VALIDATION | | | | | | | | Manager / Approbateur  (signature) | | | | | | | | | | Collaborateur  (Signature) | | | | | | | | | | Manager / Approbateur  (Signature) | | | | | | | | | Collaborateur  (Signature) | | | | | | | | | | | Manager / Approbateur  (Signature) | | | | | | | | | | | | Collaborateur  (Signature) | | | | | | | | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
| Nom | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
| Date | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
| Signature | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |
|  | | | |  | | |  | | |  | | |  |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | |  | |