|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nom de l’employé | | Matricule | **Participants ou participantes au comité d’analyse\*** | |
|  | |  |  |  |
| Unité structurelle (nom et numéro) | | No du rapport |  |  |
| Date de l’événement AAAA-MM-JJ | Date de l’analyse AAAA-MM-JJ | |  |  |

**\*Le comité d’analyse est sous la responsabilité du gestionnaire de l’employé**

| 6M |  | Faits au moment  de l’événement |  | Situation normale |  | Causes de l’écart (5 pourquoi) |  | Mesures correctives |  | Suivi de l’application des mesures | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Responsable | | Échéance | | Réalisation |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Moment** |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
| **Machine et matériel**  *(Équipement)* |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
| **Milieu**  *(Environnement)* |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
| **Main-d’œuvre**  *(Employé, employée)* |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
| **Méthode de travail**  *(Tâche)* |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  |
| **Management**  *(Organisation)* |  |  |  |  |  |  |  |  |  |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Les mesures correctives sont-elles transposables? Si oui, laquelle ou lesquelles?  Oui  Non | Chef 5 | CII | Signature | Date AAAA-MM-JJ |
|  | Chef 4 | CII | Signature | Date AAAA-MM-JJ |
|  | Directeur | CII | Signature | Date AAAA-MM-JJ |
|  | Conseiller prévention | CII | Signature | Date AAAA-MM-JJ |