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| **Entreprise**Nom de l’employeur : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Nom de l’entreprise : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ N° CAR/Matricule : \_ \_ \_ \_ \_ \_ \_ \_ \_ Code NAF : \_ \_ \_ \_ \_ \_ \_ \_ \_Activité : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Coordonnées : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Siège social : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Établissements secondaires : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Nombre de salariés dans l’entreprise**Hommes : \_ \_ \_ \_ \_ (dont mineurs : \_ \_ \_ \_) Femmes : \_ \_ \_ \_ \_ (dont mineures : \_ \_ \_ \_)**Responsable de la déclaration**Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Fonction : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Numéro de téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Adresse courrier électronique : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Date de réalisation ou de mise à jour**Fait à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, le \_ \_ / \_ \_ / \_ \_ \_ \_ Signature de l’employeur : |

 *NB : Il existe une notice d’aide au remplissage de ce formulaire dans laquelle vous trouverez différents éléments d’information pour savoir si vos postes sont concernés par ces différents risques.*

# Identification des postes à risques

Conformément à l’article 2-6 de la loi n° 637 du 11 janvier 1958, il appartient à l’employeur de signaler les postes au sein de l’entreprise exposant les salariés aux facteurs de risque suivants :

1. **A l’amiante :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **Au plomb :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **A des agents CMR de catégories 1A ou 1B :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **A des agents biologiques à risque infectieux :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **A des rayonnements ionisants :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **A un risque hyperbare :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **A des travaux en hauteur, lors d’opérations :**

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| **De montage et démontage de tribunes ou d’échafaudages** |
| Intitulé des postes concernés | Effectifs | Description si besoin |
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| **De travaux acrobatiques** |
| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **A des agents biologiques qui exigent une vaccination obligatoire :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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Ainsi que les postes présentant des risques particuliers tels que :

1. **Postes affectés à la conduite d’engins particuliers :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **Postes d’agents de sécurité comportant le port d’une arme :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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1. **Postes d’agents de surveillance nécessitant une certification IGH 3 :**

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| Intitulé des postes concernés | Effectifs | Description si besoin |
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*Ce formulaire est à retourner à :*

Office de la Médecine du Travail
Déclaration des postes à risque
L’Aigue Marine
24, av de Fontvieille
98000 Monaco

Les informations recueillies par l’Office de la Médecine du Travail font l’objet d’un traitement informatique destiné à la gestion des employeurs de la Principauté en vue de respecter leurs obligations au regard de la Loi n° 637 du 11 janvier 1958. Pour les besoins du traitement, l’OMT est également amené à recueillir les coordonnées de contacts au sein de votre organisme. Conformément à la Loi n° 1.165 relative à la protection des informations nominatives, vous pouvez obtenir communication et, le cas échéant, rectification des informations vous concernant. Ce droit d’accès s’exerce auprès du Directeur de l’Office de la Médecine du Travail en vous adressant à l’accueil et sur présentation d’une pièce justificative de votre identité, ou en adressant votre demande accompagnée d’un justificatif d’identité à : Office de la Médecine du Travail - Madame le Directeur - 24, avenue de Fontvieille - 98000 Monaco.