## Catégorie : risque biologique

### IV- Annexes

#### Fiche d’accueil dans l’espace confiné L2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nom : | |  | | | | | | | | | | Equipe/unité | | | |  | |
|  | | | | | | | | | | | |  | | | | | |
| Prénom | | |  | | | | | | | | | Espace L2 utilisé | | | |  | |
|  | | | | | | | | | | | |  | | | | | |
| Statut | |  | | | | | | | | | | Chargé de l’accueil | | | | |  |
|  | | | | | | | | | | | |  | | | | | |
| Mission du | | | | |  | | au | |  | | | Formateur | |  | | | |
|  | | | | | | |  | | | | |  | | | | | |
| 1 | Risques biologiques présents dans le L2 | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | |  | | | | |
|  | Bactéries pathogènes | | | | | | | Oui 🗆 | | | | | Lesquelles ? | | |  | |
|  |  | | | | | | | | | | | |  | | | | |
|  | Champignons pathogènes | | | | | | | | | Oui  | | | Lesquels ? | |  | | |
|  |  | | | | | | | | | | | |  | | | | |
|  | Culture cellulaires | | | | | Oui  | | | | | | | Lesquelles ? | | |  | |
|  |  | | | | | | | | | | | |  | | | | |
|  | Echantillons biologiques | | | | | | | | Oui  | | | | Lesquels ? | |  | | |
|  |  | | | | | | | | | | | |  | | | | |
|  | OGM | | | Oui  | | | | | | | | | Nature |  | | | |
|  |  | | | | | | | | | | | |  | | | | |
| 2 | Equipements de bio-protection collectifs | | | | | | | | | | | | Ventilation/PSM | | | | oui |
|  |  | | | | | | | | | | | |  | | | | |
| 3 | Moyens de protection individuelle | | | | | | | | | | | | Type de blouse | | | | jetable |
|  |  | | | | | | | | | | | | Type de gants | | | | jetables |
|  |  | | | | | | | | | | | | Type de PSM | | | | PSM 2 |
|  |  | | | | | | | | | | | |  | | | |  |
| 4 | Formation | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | |  | | | | |
|  | Formation biosécurité antérieure ? | | | | | | | | | | Oui  | | Laquelle ? | |  | | |
|  |  | | | | | | | | | |  | |  | |  | | |
|  | Expérience antérieure en labo de confinement | | | | | | | | | | | | Oui  |  | | | |
|  |  | | | | | | | | | | | | Laquelle ? | |  | | |
|  |  | | | | | | | | | | | |  | |  | | |
| 5 | Familiarisation aux procédures spécifiques au L2 et consignes de sécurité | | | | | | | | | | | | Effectuée Oui  | | | | |

|  |  |
| --- | --- |
| Date d’accueil : |  |

|  |  |  |
| --- | --- | --- |
|  | Personne accueillie | Chargé de l’accueil |
| Nom |  |  |
| Signature |  |  |

**CETTE FEUILLE REMPLIE ET SIGNÉE EST A RETOURNER AU RESPONSABLE ADMINISTRATIF DE L’UNITÉ**