

|                    |                     | RISQUES PHYSIQUES |                                       |                                |            |                                      |                  |       |             |            |              | RISQUES CHIMIQUES |          |                    |        |             |            | RISQUES BIOLOGIQUES        |  |                      |                  |                                    |                                      |
|--------------------|---------------------|-------------------|---------------------------------------|--------------------------------|------------|--------------------------------------|------------------|-------|-------------|------------|--------------|-------------------|----------|--------------------|--------|-------------|------------|----------------------------|--|----------------------|------------------|------------------------------------|--------------------------------------|
|                    |                     | MÉCANIQUES        |                                       |                                |            |                                      | THERMIQUES       |       | ÉLECTRIQUES | RADIATIONS |              | BRUIT             | AÉROSOLS |                    |        | LIQUIDES    |            | GAZ, VAPEURS               |  |                      |                  |                                    |                                      |
|                    |                     | Chutes de hauteur | Chocs, coups, impacts et compressions | Piqûres, coupures et éraflures | Vibrations | Glissades, chutes (au niveau du sol) | Chaleur, flammes | Froid |             |            | Non ionisant | Ionisant          |          | Poussières, fibres | Fumées | Brouillards | Immersions | Eclaboussures, projections |  | Bactéries pathogènes | Virus pathogènes | Champignons producteurs de mycoses | Antigènes biologiques non microbiens |
| TÊTE               | Crâne               |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Ouïe                |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Yeux                |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Voies respiratoires |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Visage              |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Tête entière        |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
| MEMBRES SUPÉRIEURS | Main                |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Bras (parties)      |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
| MEMBRES INFÉRIEURS | Pied                |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Jambe (parties)     |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
| DIVERS             | Peau                |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Tronc/abdomen       |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Voie parentérale    |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |
|                    | Corps entier        |                   |                                       |                                |            |                                      |                  |       |             |            |              |                   |          |                    |        |             |            |                            |  |                      |                  |                                    |                                      |