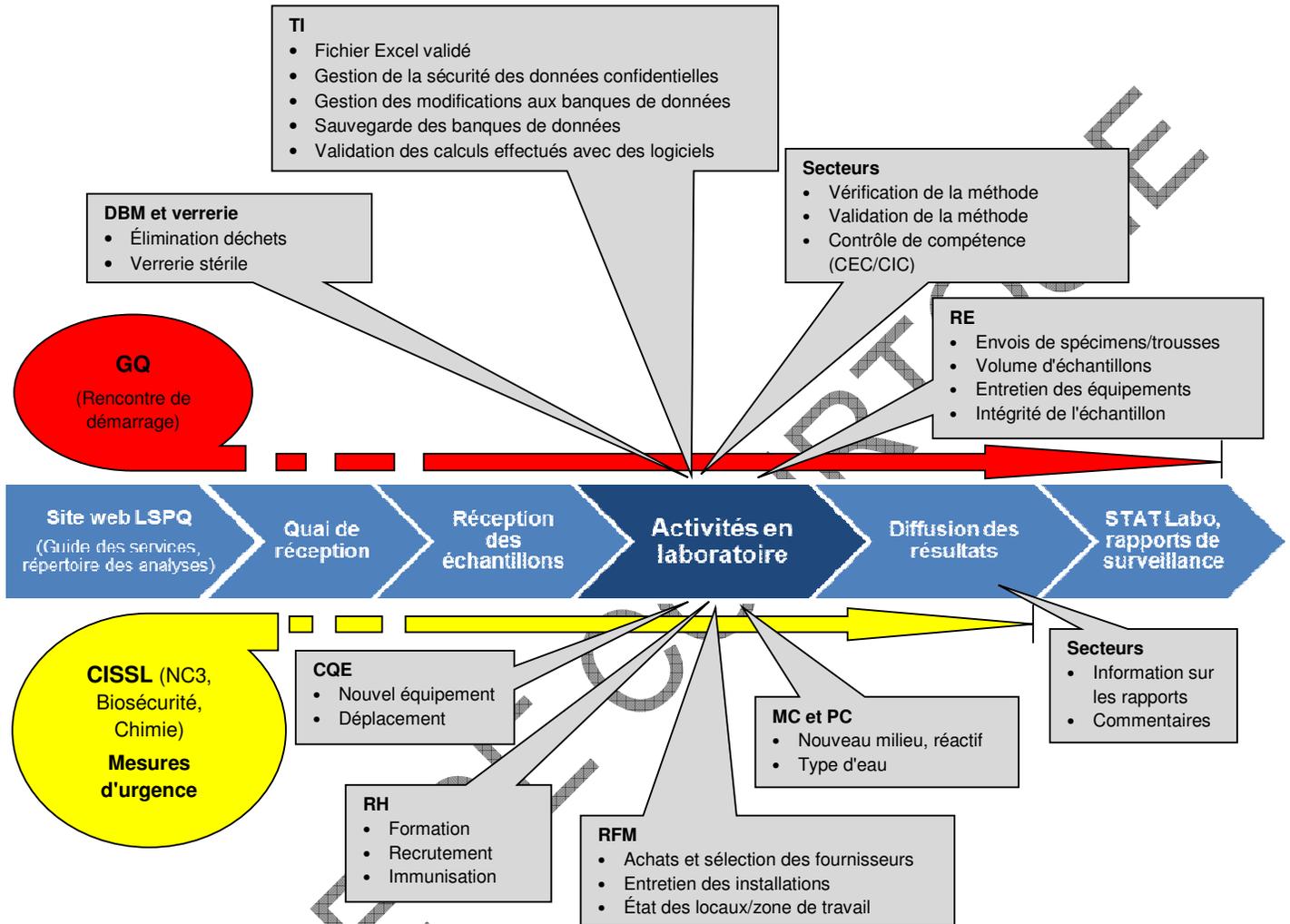


CH- ou ACP- : _____ Paraphe / date: _____



Joindre tout document pertinent.

Risque identifié	Action

