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| **NOM DE L’ORGANISATION:** | | | | **Dates d’évaluation du NISC:** |  |  |  |  |
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| Remarque: Entrez les noms et les rôles des participants dans l’espace prévu à cet effet sous le tableau. | | |  |  |  |  |  |  |
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| **Plan d’action du NISC** | |  |  |  |  |  |  |  |
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| **Domaine E.g., Governance, etc.** | **Action** | **Personne(s) responsable(s) et mise en œuvre des rôles** | **Ressources requises** | **Niveau de priorité (1 - court terme, 2 - moyen terme ou 3 - long terme)** | **Date limite mm/jj/aaaa** | **État d’avancement des activités (suivi)** | **Date du suivi** | **Commentaires (p. ex. raisons du retard, etc.)** |
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| **Participants** | |  |  |  |  |  |  |  |
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