國立暨南國際大學 107 學年度第 2 學期 ○○系電氣機械器具 作業檢點紀錄表**(每日/作業前)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 檢查地點(編號) | | | | ○○○實驗室(編號) (檢查地點視各單位實際情況填寫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 項次 | 檢 點 項 目 | | | 檢查結果( 年 月) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | 27 | 28 | 29 | 30 | 31 |
| 1 | 電氣安全 | | 水源、電源供應是否正常？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 2 | 電氣設備運轉是否正常？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 3 | 電氣設備是否依標準操作流程運作？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 4 | 電氣設備是否依使用程序關閉？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 5 | 電源插座是否完整無破損？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 6 | 電源插座是否標示電壓？(標示電壓為110V或220V，220V需以紅字標示) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 7 | 電線絕緣包覆是否完整無裸露情形？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 8 | 配電盤是否有過負載斷路器或接地裝置？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 9 | 配電箱是否設有內盤，無裸露端子？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 10 | 電氣設備電線及插頭是否完整？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 11 | 電氣設備使用時，電氣設備插頭與電源插座是否固定緊密？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 12 | 電線相接處是否銜接良好、包覆緊密？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 13 | 電氣設備是否設有漏電斷路器或接地？(如製冰機、超音波洗滌器、冰箱、飲水機、冷氣機或220V之儀器設備) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 14 | 水源及電源插座是否設有安全距離或擋板？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 15 | 穩壓設備是否運作正常？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 16 | 是否依規定不可使用延長線？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 17 | 機械防護 | | 護罩、護欄或擋板是否定位？(如：轉動皮帶之護欄不可移走) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 18 | 安全連鎖裝置功能是否正常？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 19 | 自動停止裝置是否正常？ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 20 | 其他 | | 電子、電機系可增列「裸露端子是否加裝壓克力蓋板」，避免人員感電之檢查項目 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 狀況及處理情形 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 檢查人員(每日或作業前) | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 注意  事項 | | 1.依職業安全衛生管理辦法第77條實施；檢查週期：**每日或作業前檢點 (未作業時不用檢查)** 。  2.檢點結果應詳實紀錄，檢點結果正常打()，異常打()，無此項目打(＊或／)。  3.**檢點項目中，無設置或有異常結果者，請立即報修；無異常時，於每月底送工作場所負責人簽章即可。**  4.本表單**由使用單位自行留存，以供備查**。 | | | | | | | | | | | | | | | | | | | | 單位承辦人 | | | | | | | |  | | | | | | |
| 工作場所負責人  (單位主管) | | | | | | | |  | | | | | | |