國立暨南國際大學 107 學年度第 1 學期 一般車輛 作業檢點紀錄表**(每日/作業前)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 負責單位 | | | 總務處/○○系 | | | | | | | 放置地點 | | | | | | | 行政大樓停車場 | | | | | | | | 車輛名稱(規格) | | | | | | | | 校車/警備車/公務車/其他 | | | | | | |
| 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 | 一般車輛 | 制動器有無異常 |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 2 | 連結裝置有無異常 |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 3 | 蓄電池有無異常 |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 4 | 配線有無異常 |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 5 | 控制裝置有無異常 |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 7 | 其他 |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 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50條實施，檢查週期：操作人員**每日或作業前進行檢點**。  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／)，異常時，異常時，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。  3. **紀錄由使用單位自行留存，以供備查**。 | | | | | | | | | | | | | | | | | | | 單位承辦人員 | | | | | | | | | |  | | | | | | | | | |
| 工作場所負責人(單位主管) | | | | | | | | | |  | | | | | | | | | |