國立暨南國際大學 107學年度第 2 學期 特定化學物質作業 作業檢點紀錄表**(每日/作業前)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 負責單位 | | | ○○系 | | | | | | 實驗場所名稱(編號) | | | | | | | | ○○實驗室(編號) | | | | | | | | 名稱 | | | | | | | | | 硫酸 | | | | | | |
| 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 | 勞工作業及特定化學物質使用情形 | 不相容化學藥品是否分開放置 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 2 | 操作時是否穿戴防護用具 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 3 | 是否遵照標準操作流程，避免特化物污染周遭環境 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 4 | 特化物使用完畢是否緊閉並置回原位存放整齊 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 5 | 特化物是否標示清楚並存放於特定區域 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 6 | 作業場所是否放置特化物之安全資料表 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 7 | 作業場所是否只放置當日所須使用之特化物 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 8 | 是否紀錄特化物之使用量 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 9 | 存放化學品之冰箱是否標明不可存放食物 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 10 | 局部排氣裝置 | 氣罩中是否無塵埃堆積 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 11 | 氣罩及導管是否無凹凸、破損或腐蝕等現象 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 12 | 是否隨手拉上抽氣櫃氣罩 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 13 | 馬達是否運作良好 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 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69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，請**立即**報修；無異常時，於每月底送工作場所負責人(單位主管)簽章即可。  3. **本表單完成後請自行保存三年，以供備查。** | | | | | | | | | | | | | | | | | | | | | | 單位承辦人 | | | | | | | |  | | | | | | | | | |
| 工作場所負責人(單位主管)簽章 | | | | | | | |  | | | | | | | | | |