國立暨南國際大學 107學年度第 2 學期 防護用具 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) | 場所負責人 | OOO |
| 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 | 安全帽 | 帽殼、金屬配件及衝擊吸收墊片是否無污垢、裂痕及損傷 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 耳栓耳罩 | 是否具適當強度及彈性 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 使用時是否無不適感覺 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 防護眼鏡及面具 | 透鏡是否無污垢及傷痕 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 鏡框螺絲是否無生鏽、鬆懈及龜裂 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 防毒口罩 | 濾材是否乾燥，無污穢、破損及變形 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 繫帶是否有彈性、長度適當、無破損 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | 排氣閥是否無龜裂及附著異物 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | 是否定期更換保持其可用性 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | 防護手套 | 手套是否無破損、具有彈性、易穿脫、不易滑 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | 防護衣 | 防護衣是否無破損、污穢 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | 接縫部份是否耐拉扯 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | 穿著後是否容易活動 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | 安全鞋 | 是否無破損、龜裂 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | 是否易穿脫及不易滑 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | 急救箱 | 藥品是否未過期 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | 安全帶 | 皮帶、縫線、金屬配件是否無磨損、斷裂、變形或綻開 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | 其它 | (請自訂或可自行更改檢查表格之檢查項目及檢點項目) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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七十七條實施，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簽章即可。3. **紀錄由使用單位自行留存3年，以供備查**。  | 單位承辦人 |  |
| 工作場所負責人(單位主管) |  |