國立暨南國際大學 107 學年度第 1 學期 切割機(砂輪機、圓盤鋸) 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 | | | | | | | | 設備名稱(規格) | | | | | | | 砂輪機 | | | | | | | |
| 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 | 電源開關及配線是否正常 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 2 | 制動器之煞車功能是否正常 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 3 | 護罩擋板是否無損傷或異狀 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 4 | 緊急停止開關作動是否正常 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 5 | 砂輪或圓鋸表面是否無損傷破裂 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 6 | 馬達運轉是否正常(作業開始前試運轉1分鐘，切割片更換後試運轉3分鐘) | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 7 | 警告標示是否張貼於明顯處(告知或標示操作者不得使用手套) | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 8 | 機台及馬達接地狀況是否正常 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 9 | 機台及四周環境是否整齊無障礙 | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 10 | 是否設置反撥預防裝置（橫鋸用圓盤鋸或因反撥不致危害勞工者，不在此限） | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 11 | 其他( ) | | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 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：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. 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) | | | | | | | | |  | | | | | | | | |