國立暨南國際大學 107學年度第 1 學期 攪拌機 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) | | | | | | | | 設備名稱(規格) | | | | | | | 攪 拌 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 | 攪拌槽是否無損傷及異狀 | | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 2 | 配線是否包覆良好 | | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 3 | 螺旋是否無鬆弛情形 | | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 4 | 配線接地是否正常 | | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 5 | 緊急停止開關功能是否正常 | | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 6 | 傳動件護圍是否無損傷鬆弛 | | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 7 | 安全互鎖裝置作動是否正常 | | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 8 | 攪拌機運轉是否正常 | | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 9 | 互鎖裝置是否無粉塵堆積 | | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 10 | 電氣設施旁是否無易燃物堆積 | | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 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. 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) | | | | | | | | |  | | | | | | | | |