國立暨南國際大學 107學年度第 1 學期 有機溶劑作業 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 | | | | | | | | | 丙酮 | | | | | | |
| 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 | 勞工作業及有機溶劑使用情形 | | 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 | 有揮發性氣體產生時是否於抽氣櫃中操作 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 4 | 是否隨手對溶劑容器加蓋 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 5 | 有機溶劑是否標示清楚並存放於特定區域 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 6 | 作業場所是否公告使用有機溶劑應注意事項 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 7 | 作業場所是否只放置當日所須使用之溶劑 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 8 | 是否紀錄有機溶劑使用量 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 9 | 存放化學品之冰箱是否標明不可存放食物 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 10 | 作業場所是否放置有機溶劑之安全資料表 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 11 | 局部排氣裝置 | | 氣罩中是否無塵埃堆積 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 12 | 氣罩及導管是否無凹凸、破損或腐蝕等現象 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 13 | 是否隨手拉上抽氣櫃氣罩 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| 14 | 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六十九條實施，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，以供備查**。 | | | | | | | | | | | | | | | | | | | | | 單位承辦人員 | | | | | | | | |  | | | | | | | | | |
| 工作場所負責人  (單位主管) | | | | | | | | |  | | | | | | | | | |