國立暨南國際大學 107學年度第 1 學期　**第一種壓力容器**　**作業前**檢點表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 負責單位 | | | | ○○系 | 實驗場所名稱(編號) | | | | | | | ○○實驗室(科二219) | | | | | | | | | | 危害通識標示(GHS) | | | | | | | | | 有 無 | | | | | | | | | |
| 壓力容器名稱 | | | |  | 型號 | | | | | | |  | | | | | | | | | | 安全資料表(SDS) | | | | | | | | | 有，需三年更新 無 | | | | | | | | | |
| 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 | 使用重點 | | 檢視溫度、壓力等運轉狀態，並確認安  全閥、壓力錶及其他安全裝置有無異狀 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 2 | 避免急劇負荷變動之現象 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 3 | 汽壓保持在最高使用壓力之下 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 4 | 保持安全閥之功能正常 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 5 | 檢點及調整自動控制裝置，以保持功能  正常 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 6 | 保持冷卻水裝置之功能正常 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 7 | 壓力表歸零，方可開鍋取件 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 8 | 保持水位裝置之正確位置 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| 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64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) | | | | | | | | | | | | |  | | | | | | | |