國立暨南國際大學 107學年度第 2 學期　**缺氣/局限空間**　**作業前**檢點表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 負責單位 | | | | ○○ | | | | | | 場所名稱(編號) | | | | | | | | 行政大樓水塔/涵管 | | | | | | | 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 | 使用  重點 | | 確認作業前已先實施通風換氣 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |
| 2 | 確認風量充足可維持工作場所空氣品質 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |
| 3 | 確認工作過程中通風換氣可維持正常 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |
| 4 | 確認每一作業人員均依照作業程序妥善作業 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |
| 5 | 確認每一作業機器均運作正常無異狀 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |
| 6 | 確認每一作業人員均使用適當個人防護具 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |
| 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68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**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) | | | | | | | | |  | | | | | | |