國立暨南國際大學 107 學年度第 1 學期 高空作業車 作業檢點紀錄表**(每日/作業前)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 負責單位 | | |  | 實驗場所名稱(編號) | | | | | | | | ○○實驗室(編號) | | | | | | | | | | 設備名稱(規格) | | | | | | | | | 高空作業車 | | | | | | | | | |
| 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 | 工作台架是否確實固定於框架，無腐蝕損傷及裂隙 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 2 | 油壓裝置是否良好(含液壓缸、液壓泵、控制閥、安全閥、逆止閥、防爆閥、壓力表、止檔板等) | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 3 | 液壓管是否防震動無漏油 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 4 | 吊臂(台車)及工作台是否標示積載荷重、製造者名稱及年月日，使用時不得超過積載荷重 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 5 | 是否標示警語(如運轉中操作人員嚴禁擅離) | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 6 | 外伸撐座結構體是否無有害之裂痕、變形 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 7 | 使用外伸撐座是否完全伸出 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 8 | 起伏油壓缸是否無裂痕、變形及漏油 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 9 | 活塞桿是否無彎曲、裂痕及變形 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 10 | 操縱及控制器等作動是否良好且標示動作種別、方向、停止位置 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 11 | 使用高空作業車是否訂定作業計畫 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 12 | 是否派專人指揮監督作業勞工 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 13 | 是否統一高空作業車指揮信號 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 14 | 使用高空作業車勞工是否佩帶安全帶 | | | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 15 | 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**；檢查方法：反覆作動，查看動作狀況是否正常。  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(單位主管)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) | | | | | | | | | | |