**靜宜大學有機溶劑作業檢點紀錄表(每日/作業前)**  表13/日

設置單位: 實驗室門牌號碼: 有機溶劑種類:

|  |  |  |
| --- | --- | --- |
| 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 | 一、勞工作業及有機溶劑使用情形 | 無直接接觸有機溶劑之現象 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 無不適當之工作方法致使溶劑瀰漫 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 操作時穿戴防護用具 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 溶劑容器有隨手加蓋 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 檢點有機溶劑消費量在規定範圍內 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 作業區域只放置當日所須使用之溶劑 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 溶劑皆標示種類名稱及危害圖示並存放於特定區域  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | 作業場所有公告使用有機溶劑應注意事項 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | 不相容化學藥品分開放置 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | 備妥安全資料表並置於易取得處 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | 二、局部排氣裝置（HOOD） | 氣罩中無塵埃堆積  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 沒有外來氣流影響氣罩效率 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 氣罩及導管無凹凸、破損或腐蝕等現象 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | (附蓋窗之氣罩)有隨手拉(蓋)上抽氣櫃氣罩 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 馬達沒有故障或異常聲響 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | 三、整體換氣裝置 | 抽風機沒有故障 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 新增設備沒有影響空氣流動 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 抽風機內、外側沒有受阻礙 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 室內沒有異味 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 檢查人員簽名(每日或作業前)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 依檢查結果應採取改善措施之內容 |  |
| 注意事項 | 1.依職業安全衛生管理辦法第69條及有機溶劑中毒預防規則第18條，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，於每月底送實驗室負責老師簽章即可。3. 檢查紀錄表格放置實驗室備查，保存三年。 | 實驗室負責老師 |  |