**靜宜大學特定化學物質作業檢點紀錄表(每日/作業前)**  表23/日

設置單位: 實驗室門牌號碼: 特定化學品種類:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | 操作時穿戴適當防護用具 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 2 | | 所有特定化學物質皆標示種類名稱及危害圖示並存放於特定區域 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 3 | | 作業人員依照作業程序妥善作業 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 4 | | 特定化學物質容器隨手加蓋 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 5 | | 設置之局部排氣裝置正常運轉 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 6 | | 作業場所有公告使用特定化學物質應注意事項 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 7 | | 備妥安全資料表並置於易取得處 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 8 | | 緊急沖淋洗眼設備已設置且保持隨時可用狀況 | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 9 | | 其他: | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 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，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 | | | | | |  | | | | | | | |