國立中央大學 系/所

危害性化學品作業檢點表(**每日**或作業前)

實驗室名稱、編號： 檢查日期： 年 月

危害性化學品名稱：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 檢點項目 | | **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.儲存場所是否遠離火源 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.是否有標示嚴禁煙火 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.危害性化學物品使用場所及容器險物是否依規定標示 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.是否備置安全資料表 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.反應器、管、槽有無接地 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.危害性化學物品是否放置陰暗通風處 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.不相容危害性化學物品是否分別儲存 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.危害性化學物品是否洩漏、翻倒、傾斜 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.有機過氧化物是否遠離日照或金屬異物混入 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10.其他 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 相關人員簽章 | **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72條辦理。  2.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。  3.檢查結果“正常”打(V)，“異常”的打(×)，無此項目打(／)，異常時，請立即報修 並送負責老師簽章；無異常時，於每月底送負責老師簽章即可。  4.本表單保存三年自行留存以供備查。 | | | | | | | | | | | | | | | | | **實驗室負責老師**  **簽章**  (每月存檔時) | | | | | | |  | | | | | | | | |