國立中央大學 系/所

高壓氣體鋼瓶及管路作業檢點表(**每日**或作業前)

實驗室名稱、編號： 檢查日期： 年 月

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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.鋼瓶已固定 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 2.內容物名稱有明顯標示 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 3.鋼瓶柱塞、閥無洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 4.調壓器正常無洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 5.高壓橡皮管無損壞 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 6.皮管有管夾固定 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 7.壓力表、流量計無損壞、洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 8.共同輸送管路無腐蝕、損壞、洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 9.空瓶處理情況正常 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 10.實瓶、空瓶有確實分區存放 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 11.備用氣體貯放情況正常 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 12.氣體鋼瓶未使用時，將鋼瓶板手（開瓶器）取下 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 13.氣體鋼瓶水壓檢查合格識別環有在年限內 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 14.備用氣體鋼瓶（實瓶）儲放情況良好、鋼瓶頭有蓋緊防護罩蓋。 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 15.以手移動容器，有確知「護蓋旋緊」後，方直立移動。 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 15.其他 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 相關人員簽章 | **檢查人員(每日或作業前)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 注意  事項 | 1.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。  3.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) | | | | | |  | | | | | | |