國立中央大學 系/所

有機溶劑作業檢點表(**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.有穿戴手套及實驗衣 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.無不當之工作方法致使溶劑瀰漫 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.(如果必要使用防毒口罩時)帶防毒口罩 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.隨手對溶劑容器加蓋 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.室內僅置放當天所需使用之溶劑 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.所有溶劑皆標示其種類及名稱 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.作業場所有置放安全資料表 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.作業場所有公告使用有機溶劑應注意事項 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.作業人員是否正確戴用指定之帶安全眼鏡、口鼻呼吸防護具罩 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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「有機溶劑中毒預防規則」第18條及「職業安全衛生管理辦法」第69條第1項第1款辦理。  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) | | | | | |  | | | | | | | | | |