國立中央大學 系/所

粉塵作業作業檢點表（每日或作業前）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 實驗室名稱、編號： 設備名稱： 設置位置： 檢查日期： 年 月 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.每天清掃乙次以上 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.沒有不適當的工作方法致使粉塵飛揚 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.作業場所有禁止吸煙或飲食 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.應著有效之呼吸防護具時，有確實著用 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.氣罩沒有被移動、馬達正常無故障 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.沒有外來氣流影響氣罩效果 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.氣罩中沒有堆積塵埃 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.氣罩及導管沒有凸凹，破損或腐蝕 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.氣罩及導管沒有妨礙工作 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10.（如為附蓋窗之氣罩）有隨手蓋上蓋窗 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11.皮帶沒有滑移或鬆弛 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12.空氣清淨裝置正常無故障 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13.調節板在適當位置、扇風機正常無故障 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14.沒有新增設備影響空氣流動 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15.作業場所沒有造成正、負壓 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16.扇風機內、外側沒有受阻礙 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17.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69條第1項第5款辦理。  2.若實驗(習)場所處理之粉塵亦為特定化學物質時應一併填具「**特定化學物質作業檢點表**」。  3.檢查結果：正常打(ˇ)，異常打(×)，無此項打(/)。  4.本紀錄表單應保存三年。 | | | | | | | | | | 實驗室負責老師簽章  (每月存檔時) | | | | | | | |  | | | | | | | | | | | | | | | |