國立臺灣大學 系/所

有機溶劑作業檢點表(每日或作業前)

實驗場所名稱、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.是否有穿戴手套及實驗衣 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 2.是否有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)是否攜帶防毒口罩 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 4.是否隨手對溶劑容器加蓋 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 5.是否室內僅置放當天所需使用之溶劑 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 6.所有溶劑是否標示其種類及名稱 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 7.作業場所是否有置放物質安全資料表 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 8.作業場所是否有公告使用有機溶劑應注意事項 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 9.作業人員是否有帶安全眼鏡、口罩 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 10.其他 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 相關人員簽章 | 檢查人員(每日或作業前) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 實驗室負責人(異常狀況發生時) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 系所主管(異常狀況發生時) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 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 並送負責老師及主管簽章；無異常時，於每月底送負責老師及主管簽章即可。  3.本表單於學期中留存於實驗場所，學期末統一收回系所辦公室，自行留存以供備查。  4.檢查記記錄表格請放置儀器旁 | | | | | | | | | | | | | | | | | 實驗場所負責人(每月存檔時) | | | | | | | | |  | | | | | | | |
| 系所主管(每月存檔時) | | | | | | | | |  | | | | | | | |