國立臺灣大學 系/所 實驗室**每日**安全衛生自動檢查檢點紀錄表

實驗室名稱、編號： 檢查日期： 年 月

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 項次 | 日期  檢 點 項 目 | 檢查結果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |
| 藥品使用及管理 | (1)藥品使用完畢後已緊閉並置回原位整齊存放 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (2)藥品名稱已標示清楚 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (3)藥品櫃已關閉妥當 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (4)藥品櫃內沒有藥品洩漏情形 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (5)危害性化學藥品（毒化物及有機溶劑）取用依規定填寫運作記錄 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 高壓氣體鋼瓶 | (1)高壓氣體鋼瓶有橫置之固定鏈條且牢固 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (2)未使用之鋼瓶已關妥 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (3)鋼瓶儲存間沒有易燃物 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (4)鋼瓶成分已標示清楚 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 儀器及附屬設備 | (1)儀器週邊保持乾淨 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (2)電線絕緣包覆沒有被破壞致裸露 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (3)儀器設備旁是否有操作說明書 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 污染防治設施 | (1)廢液貯存之內容物已標示清楚 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (2)廢棄物已分類貯存並標示區域 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 安全衛生防護具 | (1)防護具數量足夠使用 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (2)進行實驗時，人員有依正確使用安全防護具（實驗衣、安全眼鏡等） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 實驗室內整體環境條件 | (1)緊急照明系統、緊急疏散標示是否清楚 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (2)室內保持整潔，無積水，通道明確且無障礙物 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (3)個人空間或研究室是否使用不必要之電器設備，如電暖器、微波爐、電磁爐或電鍋等 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| (4)最後離開實驗室者是否有關閉不必要的電源 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 狀況及處理情形(改善措施) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 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。 | | | | | | | | | | | | | | | | | 實驗室負責人  (每月存檔時) | | | | | | | |  | | | | | | | | |
| 系所主管(每月存檔時) | | | | | | | |  | | | | | | | | |