國立臺灣大學 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.鋼瓶是否固定 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 2.有否名稱標示 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 3.鋼瓶柱塞有否洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 4.調壓器是否正常有否洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 5.高壓橡皮管有否損壞 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 6.是否有管夾固定 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 7.流量計是否損壞、洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 8.共同輸送管路是否腐蝕、損壞、洩漏 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 9.空瓶處理情況 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 10.備用氣體貯放情況 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 11.氣體鋼瓶未使用時，應將鋼瓶板手（開瓶器）取下 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| 12.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) | | | | | | |  | | | | | | | | | | |