國立臺灣大學 系/所

第一種壓力容器作業檢點表（每日或作業前）

實驗場所名稱、編號： 設置位置： 設備名稱（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.監視溫度、壓力等運轉狀態，並確認安全閥、壓力錶及其他安全裝置無異狀 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |
| 2.避免急劇負荷變動之現象 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |
| 3.保持汽壓在最高使用壓力之下 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |
| 4.保持安全閥之功能正常 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |
| 5.檢點及調整自動控制裝置，以保持功能正常 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |
| 6.保持冷卻水裝置之功能正常 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |
| 7.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。 | | | | | | | | | | | | | | | | | | | | 實驗場所負責人  (每月存檔時) | | | | | | | |  | | | | | |
| 系所主管(每月存檔時) | | | | | | | |  | | | | | |
| 備註 | 1.接受外來之蒸汽或其他熱媒來源或使在容器內產生蒸汽加熱固體或液體的容器，且容器內之壓力超過一大氣壓者(1大氣壓=1.033kg/cm2)。例如，熱交換器、蒸煮鍋、殺菌鍋等。  2.由於容器內之核子反應、化學反應，或其他反應而產生蒸汽之容器，且其容器之壓力超過大氣壓者:例如反應鍋(塔)、分餾器等  3.為分離容器內之液體成分，而加熱該物體，使產生蒸汽之容器，且容器內之壓力超過大氣壓者。例如蒸發鍋、蒸餾鍋(塔)、萃取塔、蒸發塔、穩定塔、汽提塔等。  4.檢查記記錄表格請放置設備旁 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |