# 元培醫事科技大學　實驗室危害性化學品/有機/特化作業檢點表

系(所)名稱：_____ 實驗室門牌號碼：_____ 實驗室名稱：_____ 檢查日期：____年___月

| 檢查項目 | 頻率 | 檢查重點 | 無該項目 | 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 | 備註 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 危害性化學品作業 | 每日 | 1.化學品容器有明顯標示及圖示 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2.實驗室備有安全資料表並置於易取得處 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.無不當之工作方法使危害物散發 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4.危險物容器有隨手加蓋 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.貯存區附近無火源、高溫且通風良好 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6.標示嚴禁煙火且禁止無關人員進入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7.作業人員穿戴適當之個人防護具 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有機溶劑作業 | 每日 | 1.有機溶劑作業已實施通風換氣 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2.設置之通風設備維持其有效性能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.風量充足可維持工作場所空氣品質 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4.工作過程中通風換氣可維持正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.有機溶劑之存放取用均依照作業程序 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6.每一作業人員均依照作業程序妥善作業 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7.每一作業設備均運作正常無異狀 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8.每一作業人員均使用適當個人防護具 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 9.易散發有機溶劑蒸氣之容器均已加蓋 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 10.作業現場無放置飲水、食物 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 11.確認現場嚴禁煙火 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特定化學品作業 | 每日 | 1.設備之密閉設備或局部排氣裝置正常運轉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2.特定化學物質之存放使用均依照作業程序 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.每一作業人員均依照作業程序妥善作業 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4.每一作業均運作正常無異狀 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.管線接頭無腐蝕洩漏之痕跡 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6.作業現場不可吸菸或飲食並公告 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7.計測裝置、警報器具、緊急避難設備均正常且於可用之狀態 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8.危害之必要藥劑、器具之備妥 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 9.洗眼、沐浴、漱口、更衣及洗衣或緊急沖淋等設備均已設置且保持隨時可用狀態 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 10.發給合格有效之呼吸防護具、防護眼鏡、防護衣、防護手套、防護鞋，並確實使用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 11.安全閥、緊急遮斷裝置或其他安全裝置之性能良好 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

說明：1. 由實驗室管理人依實際使用狀況確實填寫本表，合格者標示v，不合格者標示x。如實驗室中無該項設備，請於「無該項目」勾選。
2. 填表請依照檢查頻率如實勾選（請勿以電腦繕打），例假日及國定假日如未使用請勿勾選，如有明顯不合理將退回修正。
3.防護具檢點項目，如防護手套、防塵防毒口罩…等；如有短缺，請與環安衛中心聯絡。
4. 檢查表應保存三年，由作業場所單位自行保存及備查。

檢查人員：_____ 實驗室負責人：_____ 系(所)主管：_____