（附表8）作業檢點表

仁德醫護管理專科學校 場所 作業/機械/設備作業檢點表

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| 單位：  年 班 | 場所位置： | | | | | | | | | | 檢查日期：  年 月 | | | | | | | | | | | | 作業/機械/設備名稱： | | | | | | | | | | | | |
| 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 |
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| 檢查人員簽章 | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| 備註 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 場所負責人： | | | | | | | | | | | | | | 單位主管： | | | | | | | | | | | | | | | | | | | | | |