**（附表11）高壓氣體容器鋼瓶及管路檢點表(護理科、衛保組)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 樓別： 場所: | | | | | | | | 放置位置： | | | | | | | | | | | | | | | 檢查月份： 年 月 | | | | | | | | | | | | | |
| 類別：□容器 □鋼瓶 | | | | | | | | | | | | | | | | 氣體名稱： | | | | | | | | | | | | | | | | | | | | |
| 項次 | 檢查部份(項目)  （檢附包括有關之工作流程圖、機械設備結構圖） | | 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 | 是否有固定 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 內容物名稱是否有明顯標示（依危害通識規則規定） | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 柱塞是否正常、是否無洩漏 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 調壓器是否正常，是否無洩漏 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 高壓皮管是否無損壞、龜裂 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 皮管是否有管夾固定 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 壓力表、流量計是否無損壞洩漏 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | 共同輸送管路是否無損壞、腐蝕、洩漏 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | 實瓶、空瓶是否確實分區存放 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | 空瓶處理情況是否良好 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | 備用氣體鋼瓶（實瓶）儲放情況是否良好、鋼瓶頭是否蓋緊防護罩蓋。 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | 是否置于陰涼非陽光直射處 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 注意  事項 | | 1. 依「高壓氣體勞工安全規則」第233條及「職業安全衛生管理辦法」第69條辦理。 2. 檢查結果：正常打ˇ，異常打×，如無此項檢點項目請以”─”示之。 3. 表格保存三年。 4. 每月檢查完後，請妥善留存或送影本一份至職業安全衛生管理單位或管理人員以供備查。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 場所負責人： | | | | | | | | 單位主管： | | | | | | | | | | | | | | | 職業安全衛生管理單位： | | | | | | | | | | | | | |