國立臺灣大學 醫學院 實驗室**每日**安全衛生自動檢查紀錄表 110.07.08環安衛小組會議通過，110.08.19第1次主管會報通過

實驗室名稱、編號： 檢查日期： 年 月

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 項次 | 日期  檢點項目 | 檢查結果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |
| 藥品使用及管理  (含化學品、溶劑) | 藥品使用完畢後已緊閉並置回原位整齊存放 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 藥品容器有符合GHS標示且備置中文SDS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 藥品有盛盤盛裝並分類存放，遠離高溫及火源 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 危害性化學藥品（毒化物及有機溶劑）僅存放當日用量，使用時依規定填寫運作記錄 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 高壓氣體鋼瓶 | 高壓氣體鋼瓶需確實妥善固定(上下分別以鐵鍊或繫帶固定於穩固牆面上)，管路並以束帶或管夾束緊避免脫落並遠離高溫、火源及電源 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 未使用或備用之鋼瓶板手應取下並有帽蓋蓋妥 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 鋼瓶之安全色環(水壓測試)有否過期 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 鋼瓶容器有符合GHS標示且備置中文SDS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 柱塞、高壓軟管、調節器、流量計、共同輸送  管路是否腐蝕、損壞、洩漏，各錶壓有否正常 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 儀器及附屬設備 | 儀器設備旁是否有操作說明書其週邊保持乾淨 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 電線絕緣包覆沒有破損，銅線無裸露情況 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 電氣設備是否為防爆型式並具接地 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 污染防治設施 | 廢液貯存之標示清楚且相關資料須確實填寫 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 廢棄物已分類貯存並標示區域 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 防護具 | 進行實驗時，人員有依正確使用安全防護具（實驗衣、安全眼鏡、手套、口罩...等） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 實驗室內整體環境 | 緊急照明系統、緊急疏散標示是否清楚 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 室內保持整潔，無積水，通道明確且無障礙物 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 實驗室禁止使用延長線(含轉接插座) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 狀況及處理情形(改善措施) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 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：目視、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(N)，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，並自行留存3年以供備查。 | | | | | | | | | | | | | | | | | 實驗室負責人(每月) | | | | | | | |  | | | | | | | | |
| 系所主管(每月存檔時) | | | | | | | |  | | | | | | | | |