年　　　　　月　單位名稱：　　　　　　　　　　　　　　　　工作場所名稱：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 作業名稱：銑床 | 檢點日期 |  |  |  |  |  |  |  |  |  |  |  |  |
| 檢點項目 | 檢查人檢查 簽名方式 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.機台清潔－無積屑 | 目視 檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.旋轉軸-無異音 | 耳聽 檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.虎鉗螺桿－未卡死 | 手動 檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.循環油-液面在標準刻度 | 目視 檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.循環油-變質應立即更換 | 目視 檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 異常狀況與改善措施： | 複查：工作場所負責人簽名：　　　　　　　　　 |