\_\_\_\_\_\_\_\_\_\_年\_\_\_\_\_\_\_\_\_\_月\_\_單位名稱：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_工作場所名稱：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 異常狀況與改善措施： | 複查：工作場所負責人簽名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |