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

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| 作業名稱： | 檢點日期 |  |  |  |  |  |  |  |  |  |  |  |  |
| **固定式起重機每次或特殊狀況後作業檢點項目** | 檢查人  檢查 簽名  方式 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1、過捲預防裝置是否功能正常 | 操作檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2、制動器與離合器是否功能正常 | 操作檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3、控制裝置是否功能正常 | 操作檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4、直行軌道及吊運車橫行之導軌狀況是否正常 | 操作檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5、鋼索運行是否正常 | 操作檢查 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 異常狀況與改善措施： | | | | | 複查：  工作場所負責人簽名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |