

國立臺北護理健康大學

一般車輛作業前檢點

保管單位：

車牌號碼：

檢查日期：____年____月____日

| 檢查項目 | 檢查重點 | 檢查結果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 備註 | | | |
|----------|---|------|---|---|---|---|---|---|---|---|----|----|----|----|----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| | | 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 | | |
| 車輛性能檢查 | 機油槽位、剎車油量是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 儀表板功能是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 發電機皮帶、風扇皮帶是否異音 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 各油管、電線路系統是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 油門操作是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 電瓶電量及水位、水箱水位及雨刷水位是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 煞車系統是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 車輛外部 | 方向燈、前大小燈、剎車燈、倒車燈是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 各門窗擋風玻璃及雨刷功能是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 車門關閉情形是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 車胎胎壓、胎紋是否正常 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 檢查人員簽章 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 說明 | 1. 依職業安全衛生管理辦法第 50 條實施。 2. 檢查週期：操作人員每日或作業前進行檢點，紀錄保存三年。 3. 檢查結果應詳實紀錄，正常狀態打 v，異常狀態打 x，當日無作業畫/。 發現異常時，請立即報修。 4. 本表單各單位自行留存以供備查。 5. 本表單可供各業管單位依特性及需求修改之。 | | | | | | | | | | | | | | | 單位主管 | | | | | | | | | | | | | | | | | | | |