

國立臺灣師範大學職業安全衛生教育訓練紀錄表

一、基本資料(新進教職員工 在職教職員工變更工作者)

單位	姓名	身分	職稱
		<input type="checkbox"/> 公保 <input type="checkbox"/> 勞保	

二、一般安全衛生教育訓練 3 小時紀錄：

中央主管機關建置或認可之職業安全衛生教育訓練網路教學課程(2 小時)	
實體訓練(1 小時)	執行方式： 由用人單位自行辦理。
	訓練紀錄： 日期： 年 月 日 時 分 至 時 分 <input type="checkbox"/> 離工作環境(辦公室/研究室/實驗室等)最近的滅火器位置。 <input type="checkbox"/> 離工作環境(辦公室/研究室/實驗室等)最近的室內消防栓位置。 <input type="checkbox"/> 離工作環境(辦公室/研究室/實驗室等)最近的逃生樓梯。 <input type="checkbox"/> 離工作環境(辦公室/研究室/實驗室等)最近的 AED 位置。 <input type="checkbox"/> 已了解依據勞動部「職業安全衛生法」第 37 條第 2 項規定:事業單位勞動場所發生下列職業災害之一者，雇主應於 8 小時內通報勞動檢查機構： 一、發生死亡災害。 二、發生災害之罹災人數在三人以上。 三、發生災害之罹災人數在一人以上，且需住院治療。 ※本校 24 小時「校園安全監控室」分機 1119。 <input type="checkbox"/> 已詳閱本校安全衛生工作守則並同意遵守(網址：學校首頁/行政單位/環境安全衛生中心/相關法規/職業安全衛生管理/本校安全衛生工作守則) <input type="checkbox"/> 相關危害事項。(網址：學校首頁/行政單位/環境安全衛生中心/相關法規/職業安全衛生管理/相關危害事項) <input type="checkbox"/> 其他：

※本紀錄表(正本)由用人單位主管簽章後，送至環境安全衛生中心駐警隊校園安全監控室(校本部樂智樓 1 樓)留存查驗。

※工作者對於雇主提供安全衛生教育及訓練，有接受之義務，違反者，主管機關可處新臺幣 3,000 元以下罰鍰。

新進教職員工/在職教職員工變更工作者簽章： _____

計畫主持人(用人單位)簽章(無者免)： _____

單位主管簽章： _____

National Taiwan Normal University

Occupational Safety and Health Education Training Record Form

I. Basic Particulars (New faculty member Existing staff, change of roles)

Unit of Employment	Full Name	Coverage	Job Title
		<input type="checkbox"/> Civil Servants' Insurance <input type="checkbox"/> Labor Insurance	

II. 3-hour General Safety and Health Education Training

Online training courses offered/ recognized by the central competent authority (2h)	
Physical workshops (1h)	<p>Implementation: To be determined and executed by the employer.</p> <hr/> <p>Training record: Date: YYYYMMDD _____ h to _____ h</p> <p><input type="checkbox"/> Fire extinguisher closest to the work station (office, research office, laboratory, etc.).</p> <p><input type="checkbox"/> Indoor fire hydrant closest to the work station (office, research office, laboratory, etc.).</p> <p><input type="checkbox"/> Emergency exit closest to the work station (office, research office, laboratory, etc.).</p> <p><input type="checkbox"/> AED closest to the work station (office, research office, laboratory, etc.).</p> <p><input type="checkbox"/> I understand that in accordance with Article 37 Item 2 of the Occupational Safety and Health Act enacted by the Ministry of Labor, if any of the following occupational accidents occur at the workplace, the employer shall report the incident to the relevant labor inspection agency within 8 hours.</p> <ol style="list-style-type: none"> 1. An incident resulting in death. 2. An incident affecting more than three people. 3. An incident affecting more than one person in which the victim requires hospitalization. <p>※ NTNU 24-hour Campus Security Monitoring Room: Extension 1119.</p> <p><input type="checkbox"/> I have read the NTNU Occupational Safety and Health Rules and Regulations and agreed to abide by them (Website: NTNU Homepage / Administration / Environmental Safety and Health Center / Policies and Regulations / Management of Occupational Safety and Health / NTNU Occupational Safety and Health Rules and Regulations)</p> <p><input type="checkbox"/> Relevant hazards and matters. (Website: NTNU Homepage / Administration / Environmental Safety and Health Center / Policies and Regulations / Management of Occupational Safety and Health / Relevant hazards and matters)</p> <p><input type="checkbox"/> Others:</p>

※ This form (original copy) is to be signed by the Head of Department of the employing agency and then submitted to the Campus Security Monitoring Room of the Environmental Safety and Health Center (1st floor, Le-zhi Building, NTNU Main Campus) for approval and archiving.

※ Employees are obliged to attend safety and health education and training programs provided by their employers. Violators may be fined up to NT\$3,000 by the competent authority.

Signature of new faculty member / existing staff with new role: _____

Signature of Principal Investigator (employer) (leave blank if not applicable): _____

Signature of Head of Department: _____