５．認証・指定機械工具管理表

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| 設　備　機　器 | | 数量 | 点　検　月　日 | | | | | | | | | | | |
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| 作  業  機  械 | プレス |  |  |  |  |  |  |  |  |  |  |  |  |  |
| エア・コンプレッサ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| チェーン・ブロック |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ジャッキ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| バイス |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 充電器 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 作  業  計  器 | ノギス |  |  |  |  |  |  |  |  |  |  |  |  |  |
| トルク・レンチ |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 点  検  計  器  及  び  点  検  装  置 | サーキット・テスタ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 比重計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| コンプレッション・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ハンディ・バキューム・ポンプ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| エンジン・タコ・テスタ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| タイミング・ライト |  |  |  |  |  |  |  |  |  |  |  |  |  |
| シックネス・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ダイヤル・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| トーイン・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| キャンバ・キャスタ・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ターニング・ラジアス・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| タイヤ・ゲージ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 検車装置 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| （一酸化炭素測定器） |  |  |  |  |  |  |  |  |  |  |  |  |  |
| （炭化水素測定器） |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ホイール・プーラ |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 設　備　機　器 | | | 数量 | 点　検　月　日 | | | | | | | | | | | |
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| 工  具 | ベアリング・レース・プーラ | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| グリース・ガン | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 部品洗浄槽 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | オイル・バケットポンプ | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ホイール・バランサ | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| フリー・ローラ | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ラジエータ・キャップテスタ | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 電子計測機器 [オシロスコープ等] | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 記号　良好：✓  　　　　　不良：✕ | | 責任者 | |  |  |  |  |  |  |  |  |  |  |  |  |
| 担当者 | |  |  |  |  |  |  |  |  |  |  |  |  |

（注）原則として毎月１回点検を実施する。

（　）は別途管理すること

５－２

一般工具管理表

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| 工　具　名 | | 数量 | 点　検　月　日 | | | | | | | | | | | |
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| 記号　良好：✓  　　　　　不良：✕ | 責任者 | |  |  |  |  |  |  |  |  |  |  |  |  |
| 担当者 | |  |  |  |  |  |  |  |  |  |  |  |  |

（注）原則として毎月１回点検を実施する。

５－３