簡易点検記録簿　　　　　　　　**点検月　　　年　　月**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 管理者の氏名  又は法人名称 |  | 所有権  移転先 |  | 製造メーカー | |  | 機器名称 |  |
| 施設名称 |  | 系統名 |  | 設置年月日 | | 年　　月　　日 | 移設日 |  |
| 施設所在地 |  | ＴＥＬ |  | 使用機器 | 分類 |  | 製品区分 |  |
| 運転管理  責任者 |  | ＴＥＬ |  | 型番 |  | 用途 |  |
| 点検請負者名 |  | 責任者 |  | 製造番号 |  | 漏えい  検知装置 | あり　なし |
| 点検業者住所 |  | ＴＥＬ |  | 使用冷媒 |  | 初期冷媒  総充填量 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 点　検　項　目 | 推奨  点検  頻度 | 年 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 室外機の異常振動･異常運転音状況（安全で容易に点検出来る場合） | 1回／日以上 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 室外機及び周辺の油のにじみ  （安全で容易に点検出来る場合） | 1回／日以上 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 室外機のキズの有無、熱交換器の  腐食、錆、傷など  （安全で容易に点検出来る場合） | 1回／日以上 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 室内機内の熱交換器の霜付きの有無（安全で容易に点検出来る場合） | 1回／日以上 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| （店舗用パッケージエアコン）  熱交換器の霜付き、油にじみなど  （安全で容易に点検出来る場合） | 1回／日以上 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 気　付　き　事　項 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |