

行政院環境保護署指定檢驗測定機構執行機動車輛噪音測試審查作業要點第五點、第八點修正總說明

行政院環境保護署（以下簡稱本署）為有效管理並確認機動車輛噪音法規檢驗測定機構指定授權作業，爰修正行政院環境保護署指定檢驗測定機構執行機動車輛噪音測試審查作業要點，針對申請類型屬於展延且於前次指定期間內缺失紀錄良好者，本署得以書面審查方式指定授權。另新增第五點附表缺失項目與計點點數，以求缺失計點原則明確。

行政院環境保護署指定檢驗測定機構執行機動車輛噪音測試審查作業要點第五點、第八點修正對照表

| 修正規定 | 現行規定 | 說明 |
|--|--|--|
| <p>五、申請案之審查作業，由本署視需要採下列方式之一辦理：</p> <p><u>(一) 由本署辦理書面審查。</u></p> <p><u>(二) 由本署邀集專家學者三人至五人組成審查小組進行實地審查。(審查評分表單及說明如附錄)</u></p> <p><u>實地審查作業採二階段辦理，第一階段至現場現勘查核測試設備、人員配置及操作情形；必要時，得要求進行實車測試，第二階段進行書面及答詢審查。</u></p> <p><u>第一項申請案如為展延且前次指定期間內，累計附表缺失紀錄未超過二十點者，得採書面審查。</u></p> <p><u>第一項審查作業過程中，若內容有欠缺或經審查委員要求補充說明者，經本署書面通知後應於六十個工作日內完成補正，屆期未補正者，僅就現有資料進行評分。</u></p> | <p>五、申請案之審查作業，由本署邀集專家學者三人至五人組成審查小組進行審查(審查評分表如附件)，審查作業採二階段辦理，第一階段至現場現勘查核測試設備、人員配置及操作情形；必要時，得要求進行實車測試，第二階段進行書面及答詢審查。</p> <p>前項審查作業過程中，若內容有欠缺或經審查委員要求補充說明者，經本署書面通知後應於六十個工作日內完成補正，屆期未補正者，僅就現有資料進行評分。</p> | <p>一、配合實際作業需求，修正審查作業分為書面審查及實地審查，爰修正第一項並分款規定之。另實地審查採二階段辦理之規定移列至第二項。</p> <p>二、新增第三項，展延申請紀錄良好者，得採書面審查。另為求缺失計點原則明確。配合增訂附表。</p> <p>三、現行第二項配合移列至第四項，並酌修文字。</p> |
| <p>八、本署依據評分結果區分為三個指定測試等級，於指定期限內可執行之測試項目依評鑑分數區分如下表：</p> | <p>八、本署依據評分結果區分為三個指定測試等級，於指定期限內可執行之測試項目依評鑑分數區分如下表：</p> | <p>一、第一項、第三項未修正。</p> <p>二、第二項調整指定年限之上限為五年，以與本署許可證效期一</p> |

| 級別 | 評鑑分數(S) | 可執行檢測類別 | | | |
|---|---------------------|---------|--------|--------------|------|
| | | 逐車測試 | | 新車審驗、伸延及修改測試 | 新車抽驗 |
| | | 進口新車 | 進口使用車輛 | | |
| 一 | $S > 85$ | ◎ | ◎ | ◎ | ◎ |
| 二 | $85 \geq S > 80$ | ◎ | ◎ | ◎ | - |
| 三 | $80 \geq S \geq 70$ | ◎ | ◎ | - | - |
| <p>前項指定期限最長為<u>五</u>年，有效期限屆滿前六個月得<u>展延</u>申請指定。指定期間內檢驗測定機構於公告指定滿一年後得提出一次升等評鑑之申請。</p> <p>前項檢驗測定機構若具車輛生產或銷售相關業務性質者，應注意利益迴避原則。</p> | | | | | |

| 級別 | 評鑑分數(S) | 可執行檢測類別 | | | |
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| | | 逐車測試 | | 新車審驗、伸延及修改測試 | 新車抽驗 |
| | | 進口新車 | 進口使用車輛 | | |
| 一 | $S > 85$ | ◎ | ◎ | ◎ | ◎ |
| 二 | $85 \geq S > 80$ | ◎ | ◎ | ◎ | - |
| 三 | $80 \geq S \geq 70$ | ◎ | ◎ | - | - |
| <p>前項指定期限最長為<u>三</u>年，有效期限屆滿前六個月得重新申請指定。指定期間內檢驗測定機構於公告指定滿一年後得提出一次升等評鑑之申請。</p> <p>前項檢驗測定機構若具車輛生產或銷售相關業務性質者，應注意利益迴避原則。</p> | | | | | |

致，並修正重新申請為展延申請，以符實際作業需求。

第五點附件修正對照表

| 修正規定 | 現行規定 | 說明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>附錄 審查評分表單及說明</p> <p>●申請指定檢驗測定機構 評分統計表</p> <p>●申請指定檢驗測定機構 審查評分表</p> <p>●機動車輛噪音自動監測 設施建構參考說明</p> <p>申請指定檢驗測定機構評分統計表 檢驗測定機構名稱：_____</p> <p>申請指定類別：_____</p> <p>日期： 年 月 日</p> <table><tr><th>審查委員</th><th>給分</th><th>平均得分</th><th>結果判定</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>註：1.滿分為 100 分，經出席委員審查之平均分數達 70 分以上，且有超過出席委員三分之二以上給予 70 分以上者為合格。</p> <p>2.缺失項目須提報書面改善資料送環保署備查。</p> <p>申請指定檢驗測定機構審查評分表</p> <table><tr><th>評分主項目(配分)</th><th>次項目</th><th>缺失等級 (註 1)</th><th>缺失改善及建議事項 (註 2)</th><th>扣分</th></tr><tr><td rowspan="24">現場勘驗與檢測操作程序 (35 分)</td><td rowspan="3">場地、環境與設施</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td 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| 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 檢測前查驗 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 原地噪音操作 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 加速噪音操作 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 檢測後查驗 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 熟練程度 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 其他 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 品質系統 (30 分) | 品質文件管制 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 組織 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input 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rowspan="3">人員配置</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">車輛檢查</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">儀器架設</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">檢測前查驗</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">原地噪音操作</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">加速噪音操作</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">檢測後查驗</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">熟練程度</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">其他</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="6">品質系統 (30 分)</td><td rowspan="3">品質文件管制</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr><tr><td rowspan="3">組織</td><td>重大缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>次要缺失<input type="checkbox"/></td><td></td><td></td></tr><tr><td>建議事項<input type="checkbox"/></td><td></td><td></td></tr></table> | 審查委員 | 給分 | 平均得分 | 結果判定 | | | | | | | | | | | | | | | | | | | | | 評分主項目(配分) | 次項目 | 缺失等級 (註 1) | 缺失改善及建議事項 (註 2) | 扣分 | 現場勘驗與檢測操作程序 (35 分) | 場地、環境與設施 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 人員配置 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 車輛檢查 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 儀器架設 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 檢測前查驗 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 原地噪音操作 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 加速噪音操作 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 檢測後查驗 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 熟練程度 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 其他 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 品質系統 (30 分) | 品質文件管制 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | 組織 | 重大缺失 <input type="checkbox"/> | | | 次要缺失 <input type="checkbox"/> | | | 建議事項 <input type="checkbox"/> | | | <p>依實際作業表單使用情形，修正本附錄名稱並酌修文字。</p> |
| 審查委員 | 給分 | 平均得分 | 結果判定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 評分主項目(配分) | 次項目 | 缺失等級 (註 1) | 缺失改善及建議事項 (註 2) | 扣分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現場勘驗與檢測操作程序 (35 分) | 場地、環境與設施 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 人員配置 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 儀器架設 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 加速噪音操作 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 檢測後查驗 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 熟練程度 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 品質系統 (30 分) | 品質文件管制 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 組織 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 評分主項目(配分) | 次項目 | 缺失等級 (註 1) | 缺失改善及建議事項 (註 2) | 扣分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現場勘驗與檢測操作程序 (35 分) | 場地、環境與設施 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 檢測前查驗 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 原地噪音操作 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 加速噪音操作 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 檢測後查驗 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 熟練程度 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 品質系統 (30 分) | 品質文件管制 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 組織 | 重大缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 次要缺失 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 建議事項 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | 教育訓練 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 量測追溯性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 報告審查 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
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| | 異常處理 | 重大缺失 | <input type="checkbox"/> | | |
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| | | 建議事項 | <input type="checkbox"/> | | |
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| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 檢測系統設定與數據驗算 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 人員之車輛與法規專業能力 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| 建議事項 | | <input type="checkbox"/> | | | |
| 管理審查 | 重大缺失 | <input type="checkbox"/> | | | |
| | 次要缺失 | <input type="checkbox"/> | | | |
| | 建議事項 | <input type="checkbox"/> | | | |
| 其他 | 重大缺失 | <input type="checkbox"/> | | | |
| | 次要缺失 | <input type="checkbox"/> | | | |
| | 建議事項 | <input type="checkbox"/> | | | |
| 實績經驗 (20分) | 500輛次 (註3) | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 車型多樣性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 法規技術與管制制度研究 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| 監視系統及傳輸 (15分) | 畫面範圍 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 系統獨立性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 傳輸品質與穩定性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| 合計扣分 | | | | | |
| 總分(註4) | | | | | |

審查委員簽名：_____

註1：缺失等級：區分為重大缺失、次要缺失及建議事項。

註2：扣分：建議重大缺失扣分級距10分至15分、次要缺失扣分級距5分至9分、建議事項扣分級距1分至4分，各評分主項目最高扣分上限以該主項目配分為準。

註3：測定機構執行品質管制或研究測試之品質與實績，須包含3.5噸以下車輛、3.5噸以上車輛、機器腳踏車等車輛種類，且同一款車每日最高測試2次、最多測試10次，超過不計，另各車輛種類之檢驗數量比例應儘量平均分配。

註4：滿分為100分，經出席委員審查之平均分數達70分以上，且有超過出席委員三分之二以上給予70分以上者為合格。

機動車輛噪音自動監測設施建構參考說明

1.定檢驗測定機構執行機動車輛噪音測試審查作

| | | | | | |
|------------------|---------------|--------------------------|--------------------------|--|--|
| | 教育訓練 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 量測追溯性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 報告審查 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 異常處理 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 合約審查 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 檢測系統設定與數據驗算 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 人員之車輛與法規專業能力 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| 建議事項 | | <input type="checkbox"/> | | | |
| 管理審查 | 重大缺失 | <input type="checkbox"/> | | | |
| | 次要缺失 | <input type="checkbox"/> | | | |
| | 建議事項 | <input type="checkbox"/> | | | |
| 其他 | 重大缺失 | <input type="checkbox"/> | | | |
| | 次要缺失 | <input type="checkbox"/> | | | |
| | 建議事項 | <input type="checkbox"/> | | | |
| 實績經驗 (20分) | 500輛次 (註3) | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 車型多樣性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 法規技術與管制制度研究 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| 監視系統及傳輸 (15分) | 畫面範圍 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 系統獨立性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| | 傳輸品質與穩定性 | 重大缺失 | <input type="checkbox"/> | | |
| | | 次要缺失 | <input type="checkbox"/> | | |
| | | 建議事項 | <input type="checkbox"/> | | |
| 合計扣分 | | | | | |
| 總分(註4) | | | | | |

審查委員簽名：_____

註1：缺失等級：區分為重大缺失、次要缺失及建議事項。

註2：扣分：建議重大缺失扣分級距10分至15分、次要缺失扣分級距5分至9分、建議事項扣分級距1分至4分，各評分主項目最高扣分上限以該主項目配分為準。

註3：測定機構執行品質管制或研究測試之品質與實績，須包含3.5噸以下車輛、3.5噸以上車輛、機器腳踏車等車輛種類，且同一款車每日最高測試2次、最多測試10次，超過不計，另各車輛種類之檢驗數量比例應儘量平均分配。

註4：滿分為100分，經出席委員審查之平均分數達70分以上，且有超過出席委員三分之二以上給予70分以上者為合格。

附錄二車輛噪音自動監測設施建構參考原則

1.定檢驗測定機構執行機動車輛噪音測試審查作

| | | |
|---|---|--|
| <p>業要點」第四點第九款之規定，指定檢驗測定機構須提報檢測流程與數據紀錄之即時確認與確保機制。若指定檢驗測定機構採用影像監測方式進行上述確保時，應參考本附錄原則，以利系統功能可符合本署即時查核、調閱之需求。</p> <p>2.本署之機動車輛噪音監測設施以影像傳輸之監測方式為主，包含檢測過程測試車與設備操作畫面、檢測數值等，每一檢驗測定機構最多傳輸六組畫面，畫質與更新速率在足夠清楚辨識的前提下，以節省儲存容量及精簡傳輸流量為原則。</p> <p>3.監測系統應具備儲存設備，紀錄資料應至少存查一年；傳輸至本署的監測資料，應於資料擷取後直接透過終端主機連接網路傳輸，過程中不得有再製、編修等動作，並須確保電腦病毒之安全防護措施。</p> <p>4.監測或連線設施因故障無法於一日內修護時，自第二日起之修護期間應以替代方式紀錄檢測資料，並以光碟片或其他電子媒介儲存備查。</p> | <p>業要點」第四條第九項之規定，指定檢驗測定機構須提報檢測流程與數據紀錄之即時確認與確保機制。若指定檢驗測定機構採用影像監測方式進行上述確保時，應參考本附錄原則，以利系統功能可符合本署即時查核、調閱之需求。</p> <p>2.本署之機動車輛噪音監測設施以影像傳輸之監測方式為主，包含檢測過程測試車與設備操作畫面、檢測數值等，每一檢驗測定機構最多傳輸六組畫面，畫質與更新速率在足夠清楚辨識的前提下，以節省儲存容量及精簡傳輸流量為原則。</p> <p>3.監測系統應具備儲存設備，紀錄資料應至少存查一年；傳輸至本署的監測資料，應於資料擷取後直接透過終端主機連接網路傳輸，過程中不得有再製、編修等動作，並須確保電腦病毒之安全防護措施。</p> <p>4.監測或連線設施因故障無法於一日內修護時，自第二日起之修護期間應以替代方式紀錄檢測資料，並以光碟片或其他電子媒介儲存備查。</p> | |
|---|---|--|

第五點附表修正對照表

| 修正規定 | | 現行規定 | 說明 |
|---|-------|------|--|
| 附表 缺失項目與計點點數 | | | <p>一、本附表新增。</p> <p>二、為求缺失計點原則明確，爰增訂本附表缺失項目與計點點數，俾利後續審查作業順暢。</p> <p>三、依查核碼管理系統及影像數據傳輸系統統計過去缺失樣態，並依情節輕重歸納及分級，並酌以標示計分點數，以量化各檢驗測定機構執行成效。</p> |
| 缺失項目 | 點數 | | |
| 一、重大設備異動，未依相關規定完成申報程序者。 二、除系統評估與程式測試上線外，經查發現未申請查核碼直接進行機動車輛噪音測試者。 三、測試過程無正當緣由移動噪音計或未依相關規定執行噪音檢驗測定，經查證屬實者。 | 二十點/項 | | |
| 四、未依中央主管機關公告之機動車輛噪音量測方法或實驗室交流會議所決議方式進行檢測，致結果判定錯誤，經查證屬實者。 五、執行法規測試未依廠商宣告規格或指定類別執行測試，致使試驗報告無效者。 六、對申請廠商因新車型、新車抽驗、品管檢測不合格、車況異常或退車等相關重大事項，三日內未提報者。 七、執行新車型、新車抽驗、品管、法規不合格重新測試前，未查核確認相關文件或規格，致使試驗報告無效者。 八、無正當理由拒絕受理廠商提出之機動車輛噪音檢測法規申請案，經查明屬實者。 | 十點/項 | | |
| 九、解除查核碼實際原因與通報事由不符，經查證屬實者。 十、檢測過程未依規定開啟監測影像與數據傳輸系統連線，經查證屬實者。 十一、於檢測過程監測影像與數據傳輸品質不足以查核人員辨識或發生故障，經本署電話或書面通知限期改善，仍未於期限內改正者。 十二、檢測畫面所顯示車身碼與試驗當下實車未同步。 | 五點/項 | | |
| 十三、未妥善保管申請案所有相關文件、圖片、影音及檔案等任何型式之資料，經本署查明屬實者。 十四、檢驗測定實驗室檢測報告修訂未與噪音合格證申請者資料同步，致使合格證資料審查錯誤，經本署查明屬實者。 十五、執行法規測試未依廠商宣告規格或指定類別且完成測試程序，需重新辦理查核碼解除者。 十六、本署通知應出席之會議，未派員出席或未提供本署要求之文件。 | 二點/項 | | |