



CELKOM TIMUR (SABAH) SDN. BHD.

Occupational Safety and Health Management Plan
(OSHMP)

Document Doc. : CTSSB-OSHMP/01-0

Rev. No. : 0

Effective Date : 1st Jan. 2013

PART SIX

OSH STANDARD OSH FORMS

DOCUMENT NO. : CTSSB-OSHMP/01-0



HAZARD REGISTER

Document No. CTSSB-OSHMP(F)-01

Daftar Hazard

Revision No. 0

NO	DEPT	WORK PROCESS / ACTIVITIES	POTENTIAL HAZARD / SIGNIFICANT RISK	PERSON AT RISK	LATEST UPDATE	REMARKS

COMPILED BY PROCESS OWNER	AGREED BY DEPARTMENT HEAD (HOD)	ENDORSED BY CHIEF TECHNICAL OFFICER
..... Name : Designation : Date : Name : Designation : Date : Name : Designation : Date :

Operation : Work Activity:	Assessor:	Point Value →	1	2	3	4	5
	Signature;	Parameter ↓	Extremely Unlikely (Never happen)	Unlikely (Never happen since >20yrs)	Possible (Happen within < 10 yrs)	Probable (Happen within < 5 yrs)	Multiple (Happen this year)
Checked by:	Date :	Likelihood	1 st Aid (No MC)	Medical Treatment (No MC)	Lost Time Injury (MC < 4 Days)	Major Injury (MC > 4 days)	Death or Permanent Disability (MC=6000 days)
Position:							
Approved by:	Signature;	Severity					
Position:	Date;						

Process Flow	Hazard Identification		Initial Controls	Risk Assessment (A X B = C)			Risk Control	
	Person At Risk	Hazard		Risk	A	B	C	Control(s) Added to Reduce Risk

Justification of Action Needed	
1 - 5	6 - 10
<ul style="list-style-type: none"> Very low risk Proceed operation and Supervision may not needed Conduct general safety briefing. 	<ul style="list-style-type: none"> Low risk Continue operation but Supervision may need once a while. Conduct specific briefing.
<ul style="list-style-type: none"> Moderate risk Operation shall supervised Prepared Job Safe/hazard analysis and provide safe work instruction for the job 	<ul style="list-style-type: none"> High risk Operation shall closely supervised Prepare specific HIRARC and conduct training with PTW / LOTO implemented.
<ul style="list-style-type: none"> Catastrophic No compromise, stop work order shall issue immediately. Change current system of work 	21 - 25



ACTION TRACKING LIST

Document No. CTSSB-OSHMP(F)-03

Senarai Semakan Tindakan Susulan

Revision No. 0

NO	ISSUE DATE	DESCRIPTION	ACTION PLAN	EXPECTED COMPLETION DATE	STATUS	REMARKS

COMPILED BY OSH COORDINATOR	AGREED BY HEAD OF DEPARTMENT (HOD)	ENDORSED BY CHIEF TECHNICAL OFFICER
..... Name : Designation : Date : Name : Designation : Date : Name : Designation : Date :

TO BE FILLED UP BY HRA DEPARTMENT / DIISI OLEH BAHAGIAN HRA

A	Date received / Tarikh diterima :	Serial No. / No.Siri :
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B	Name of originator / Nama :	Department / Bahagian :
	Emp. No. / No. Pekerja :	Company / Syarikat :

C	Occurrence Date / Tarikh Kejadian :	Time / Masa :
	Occurrence Location / Lokasi Kejadian :	
	Work group / Kumpulan Kerja :	Station/Stesen :
	No. of people observed / Bilangan orang yang dipantau :	

D	Description of occurrence / Keterangan kejadian :
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TYPES OF OBSERVATION / JENIS PEMERHATIAN

E	<input type="checkbox"/> Safe Behaviour / Perbuatan Selamat (SB)	<input type="checkbox"/> Safe Condition / Keadaan Selamat (SC)
	<input type="checkbox"/> Unsafe Behaviour / Perbuatan Tidak Selamat (USB)	<input type="checkbox"/> Unsafe Condition / Keadaan Tidak Selamat (USC)

CLASIFICATION / KLASIFIKASI

F	<input type="checkbox"/> Health / Kesihatan (HEA)	<input type="checkbox"/> PPE / PPE (PPE)	<input type="checkbox"/> People Position / Kedudukan (PP)
	<input type="checkbox"/> Safety / Keselamatan (SAF)	<input type="checkbox"/> Housekeeping / Kebersihan (HSK)	<input type="checkbox"/> Transportation / Pengangkutan (TRANS)
	<input type="checkbox"/> Tools / Peralatan (TOEQ)	<input type="checkbox"/> Ergonomic / Ergonomik (ERGO)	<input type="checkbox"/> Environment / Alam Sekitar (ENV)
	<input type="checkbox"/> Procedure / Prosedur (PROC)	<input type="checkbox"/> Legal Requirements / Peraturan (LREQ)	<input type="checkbox"/> Others / Lain-lain _____ (OTH)

POTENTIAL SEVERITY / TAHAP BAHAYA

G	<input type="checkbox"/> Non / Tiada (N)	<input type="checkbox"/> Low / Rendah (L)	<input type="checkbox"/> Medium / Sederhana (M)	<input type="checkbox"/> High / Tinggi (H)
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FOLLOW UP AND CLOSE OUT / SUSULAN DAN TINDAKAN

ACTION TAKEN AT TIME / TINDAKAN SEGERA PADA MASA ITU

H	<input type="checkbox"/> Advised / Nasihat	<input type="checkbox"/> Stop operation / Hentikan operasi
	<input type="checkbox"/> Discuss with management / Berbincang dengan pihak pengurusan	<input type="checkbox"/> Removed / isolate equipment / Alihkan /asingkan peralatan
	<input type="checkbox"/> Inform supervisor / Beritahu Penyelia	<input type="checkbox"/> Others / Lain-lain _____
	Name / Nama: _____	

I	NO	ACTION TO FOLLOW UP / TINDAKAN SUSULAN	ACTION BY / TINDAKAN OLEH	DATE COMPLETE / TARIKH SIAP	VERIFIED BY / DISAHKAN OLEH
	1)				
2)					
3)					

COPY TO ORIGINATOR / SALINAN KEPADA PELAPOR

DATE / TARIKH

J		
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NOTE : 1) Compulsary to be filled by Originator / Perlu diisi oleh Pelapor
 2) Leave blank if unsure / Tinggal kosong jika tak pasti
 3) Filled up by HRA Department / Diisi oleh Bahagian HRA

- Column B, C, D & H
 - Column E, F, G & I
 - Column A & J

**EMERGENCY CONTACT INFORMATION**

Document No. CTSSB-OSHMP(F)-05

Maklumat Perhubungan Semasa Kecemasan

Revision No. 0


**Contact Numbers for Related Agency:
Nombor Perhubungan Agensi Berkaitan:**

No.	Agency / Agensi	Tel. No. / No. Tel.	Remarks / Catatan
1	Hospital Likas	991 (Hotline)	
2	Hospital Queen 2		
3	Hospital Tuaran		
4	Bomba Tuaran Likas	994 (Hotline)	
5	Polis Tuaran Likas	999 (Hotline)	

**Contact Numbers for Emergency Respond Team:
Nombor Perhubungan Pasukan Tindakan Semasa Kecemasan:**

No.	Department / Jabatan	Officer In-charge / Pegawai Bertugas	Position / Jawatan	Tel. No.
1	Office / Pejabat			
2	Human Resources / Admin			
3	OSH Coordinator			
4	1 st Aider			
5	ERT Member			
	Floor In-Charge (Grd. Level)			
	Floor In-Charge (1st. Level)			
	Floor In-Charge (2nd. Level)			

Effective Date : 01.07.2013

	ACCIDENT NOTIFICATION FORM			No. Dokumen	CTSSB-OSHMP(F)-06
	Borang Pemberitahuan Kemalangan			Tarikh Kuatkuasa	01.07.2013
				No. Semakan	-
				Muka Surat	1
Jika Melibatkan Kecederaan (If Involve Bodily Injury)					
A. PARTICULAR OF VICTIM (Butiran Mangsa)					
1. Name <i>Nama</i>		3. Position <i>Jawatan</i>		5. Department <i>Jabatan</i>	
2. EMP. NO. & I.C No <i>No.Pekerja & No.K.P</i>		4. Date Joint <i>Tarikh Mula Bekerja</i>		6. Operation <i>Operasi</i>	
B. PARTICULAR OF WITNESS (Butiran Saksi)					
1. Name <i>Nama</i>		3. Position <i>Jawatan</i>		5. Estate/Depart <i>Estet/Jabatan</i>	
2. EMP. NO./I.C No <i>No.Pekerja/No.K.P</i>		4. Date Joint <i>Tarikh Mula Bekerja</i>		6. Operation <i>Operasi</i>	
C. DETAILS OF OCCURENCE (Butiran Kejadian)					
1. Date <i>Tarikh</i>		2. Time <i>Masa</i>			
2. Lokasi <i>Lokasi</i>		3. Operation <i>Operasi</i>			
D. CLASIFICATIONS OF INCIDENT (Klasifikasi Insiden)					
<input type="checkbox"/> Falling From Height <i>Jatuh dari tempat tinggi</i>	<input type="checkbox"/> Crushing Between Object/Part <i>Tersepit Antara Objek</i>	<input type="checkbox"/> Entangled in a machine part/material <i>Terbelit oleh bahagian mesin/bahan</i>	<input type="checkbox"/> Electrocuted <i>Kejutan Elektrik</i>		
<input type="checkbox"/> Slipery <i>Tergelincir atau tersandung</i>	<input type="checkbox"/> Contact with hot object <i>Sentuhan Permukaan Panas</i>	<input type="checkbox"/> Punctured/stabbing by sharp object <i>Tercucuk/tertikam objek tajam</i>	<input type="checkbox"/> Oil Spill/chemical spill <i>Tumpahan minyak</i>		
<input type="checkbox"/> Stuck by flying/falling Object <i>Terhempap objek jatuh/terbang</i>	<input type="checkbox"/> Cutted by sharp surface <i>Terpotong permukaan tajam</i>	<input type="checkbox"/> Hit By Moving Object/part <i>terlanggar mesin/objek bergerak</i>	<input type="checkbox"/> Others: <i>Lain2:</i>		
E. DESCRIPTION OF OCCURENCE (Keterangan Kejadian)					
F. TYPE OF INCIDENT (Jenis Insiden)					
<input type="checkbox"/> 1. Bodily Injury <i>Kecederaan Anggota badan</i>	<input type="checkbox"/> 2. Near Miss <i>Kejadian Nyaris</i>	<input type="checkbox"/> 3. Other <i>Lain-lain</i>			
G. SEVERITY OF OCCURANCE (Tahap Bahaya)					
<input type="checkbox"/> 1. Fatality <i>Kematian</i>	<input type="checkbox"/> 2. Major Injury <i>Kecederaan serius</i>	<input type="checkbox"/> 3. Minor Injury <i>Kecederaan Ringan</i>	<input type="checkbox"/> 4. First Aid Treatment <i>Kecederaan Kecil</i>		
H. IMMEDIATE ACTION TAKEN AT THE TIME (Tindakan Segera Diambil Pada Masa Itu)					
<input type="checkbox"/> 1. Inform The Management <i>Memaklumkan pihak pengurusan</i>	<input type="checkbox"/> 3. Inform Superior In-Charge <i>Memaklumkan pihak penyelia</i>	<input type="checkbox"/> 5. Inform HSE Personnel <i>Memaklumkan pegawai keselamatan</i>			
<input type="checkbox"/> 2. Give First Aid Treatment <i>Beri rawatan Kecemasan</i>	<input type="checkbox"/> 4. Immediate Sent to Nearest Clinic <i>Hantar ke Klinik Terdekat</i>	<input type="checkbox"/> 6. Immediate Sent To Hospital <i>Hantar ke Hospital</i>			
I. ATTACHEMENT (Lampiran)					
<input type="checkbox"/> 1. Photo <i>Gambar</i>	<input type="checkbox"/> 2. Sketch <i>Lakaran</i>	<input type="checkbox"/> 3. Other <i>Lain-lain</i>			
J. REPORT PREPARED BY (Laporan Disediakan Oleh)					
1. NAME <i>Nama</i>		3. POSITION <i>Jawatan</i>		5. SIGNATURE <i>Tandatangan</i>	
K. TO BE FILLED UP BY HRA ADMINISTRATION / (Perlu diisi oleh bahagian pentadbiran HRA)					
Ref No.			Date Report Received		
No. Ruj:			Tarikh Laporan Diterima		
L. PARTICULAR OF PERSONNEL RECEIVED THE REPORT (Keterangan Lengkap Penerima Notis)					
1. NAME <i>Nama</i>		3. POSITION <i>Jawatan</i>		5. SIGNATURE <i>Tandatangan</i>	
M. ACTION BY ESTATE DEPARTMENT MANAGEMENT (Tindakan oleh pihak pengurusan Estet/Jabatan).					
<input type="checkbox"/> Visit to Accident Scene <i>Lawat Ke Tempat Kejadian</i>	<input type="checkbox"/> Report to Management <i>Laporkan ke Pihak Pengurusan</i>	<input type="checkbox"/> Report to DOSH <i>Laporkan ke Pihak JKKP</i>			
<input type="checkbox"/> Carry Out Investigation <i>Menjalankan Siasatan Kejadian</i>	<input type="checkbox"/> STOP OPERATION <i>Hentikan Operasi</i>	<input type="checkbox"/> OTHER <i>Lain-lain</i>			
NOTE & REMINDER : NOTA & PERINGATAN					
NOTE : <ul style="list-style-type: none"> 1) To be filled by the superior level/ Dilengkapkan oleh penyelia 2) To be filled by the HRA./ Dilengkapkan oleh HRA 3) Leave blank if unsure / Tinggalkan kosong jika tidak pasti 					
REMINDER: Shall be submitted to HSE Department WITHIN 24 HOURS after the occurrence. Mesti diserahkan ke Bahagian HSE dalam TEMPOH 24 JAM selepas kejadian.					
			- Column A,B,C,D,E,F,G,H,I & J - Column K,L & M.		

Guideline for Investigations / Garis panduan untuk penyiasatan

- 1) Place / location of investigations to be separated / isolated from outside interference and reasonably comfortable
Tempat penyiasatan perlu terpisah/terasing daripada pengaruh luar dan selesa.
- 2) Convince those involved in your questioning that the objective of the investigation is to find root cause to prevent recurrence
Yakinkan orang yang akan disoalsiasat bahawa objektif penyiasatan adalah untuk mencari punca sebenar kemalangan dan untuk mengelakkan ia berulang.
- 3) There should be no finger pointing or blame / *Bukan untuk menuding jari atau mencari salah.*
- 4) Repeat question for confirmation / *Ulangi soalan untuk kepastian.*
- 5) If required, ask additional questions / *Jika perlu, tanya soalan tambahan.*
- 6) Repeat answers to person/s involved for confirmation before signing / *Ulangi jawapan kepada orang yang disoalsiasat untuk kepastian sebelum dia menandatangani.*
- 7) Tell him / her we may recall if required and likewise should there be anything he / she missed, please come back
Beritahu kepadanya yang dia mungkin akan dipanggil semula jika perlu atau terdapat maklumat yang masih tidak mencukupi.

Answer the question / Jawab semua soalan:

1. How long you have been working with this CTSSB? / *Berapa lamakah anda bekerja di CTSSB?*

2. Have you attended the Induction training session? If **YES**, what do you understand about the basic PPE and can you list out the PPE? / *Adakah anda telah mengikuti latihan induksi? Jika **YA**, adakah anda memahami mengenai PPE asas dan senaraikan PPE asas.*

3. How long you have been working on your task now? / *Berapa lamakah anda telah menjalankan kerja yang anda lakukan sekarang?*

4. Have you been trained to do your work? If **YES**, who trained you and how long was the training? In your opinion, is the training sufficient? If **NOT** sufficient, why and how to improve? / *Adakah anda telah dilatih sebelum menjalankan kerja anda? Jika **YA**, siapa yang memberikan latihan kepada anda dan berapa lama tempoh latihan tersebut? Pada pendapat anda, adakah latihan tersebut mencukupi? Jika **TIDAK**, kenapa dan bagaimana untuk mempertingkatkanannya?*

5. Did the pre start briefing conducted prior start work? If **YES**, who conducted the pre start briefing and what was the topic discussed? / *Adakah Taklimat Pra Mula disampaikan sebelum memulakan kerja? Jika YA, nyatakan siapa yang menyampaikan taklimat tersebut dan apakah topik yang dibincangkan?*
6. Have you been explained about the hazard or Job Hazard Analysis (JHA) about your work? If **YES**, who conducted the JHA and what do you understand about the hazard? / *Adakah anda diterangkan mengenai hazard atau Analisis Bahaya Kerja sebelum anda memulakan kerja? Jika YA, nyatakan siapa yang menyampaikan penerangan tersebut dan apakah yang anda faham mengenai hazard?*
7. Get detail of event prior to incident / accident? / *Dapatkan maklumat pekerjaan / perbuatan sebelum berlakunya kejadian / kemalangan tersebut?*
8. In your opinion, what is the causal factor of the incident / accident? / *Pada pendapat anda, apakah punca kejadian / kemalangan ini?*
9. In your opinion, how to prevent recurrence / *Pada pendapat anda, bagaimanakah kejadian / kemalangan ini boleh dielakkan?*
10. Others question / *Lain-lain soalan-soalan:-*

Sign / Tandatangan :

Date / Tarikh :

Interviewer / Penemuduga :

Sign / Tandatangan :

Date / Tarikh :



ACCIDENT INVESTIGATION REPORT

Doc. No. CTSSB-OSHMP(F)-08

Rev. No. 0

Laporan Siasatan Kemalangan

Date Rev. 01.07.2013

Pages 1 of 3

Incident / Accident Reg. No. :

Level of Report : Preliminary Final

A) SUMMARY DESCRIPTION OF INCIDENT

Description shall cover who, when, what, where and how?

B) TYPE OF REPORT

Injury & Illness:	Environmental :	Vehicle :	Severity Classification:	Other type :
<input type="checkbox"/> Fatality <input type="checkbox"/> LTI <input type="checkbox"/> RWC <input type="checkbox"/> MTC <input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Not applicable	<input type="checkbox"/> Spill Leak <input type="checkbox"/> Air Emission <input type="checkbox"/> Release to Water Course <input type="checkbox"/> Soil Contamination <input type="checkbox"/> Not applicable	<input type="checkbox"/> Light Vehicle <input type="checkbox"/> Heavy Vehicle <input type="checkbox"/> Not applicable	<input type="checkbox"/> Property Damage <input type="checkbox"/> Security <input type="checkbox"/> Reputation <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Reportable to relevant Authority : _____ <input type="checkbox"/> Others _____ <input type="checkbox"/> Not applicable	<input type="checkbox"/> Catastrophic <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Light <input type="checkbox"/> Near miss <input type="checkbox"/> Not applicable

C) DETAILS OF INJURY (if applicable) – NOT APPLICABLE

Type of Injury:

Part of Body Injured:

Treatment Given:

D) DETAILS OF EQUIPMENT (if applicable) - NOT APPLICABLE

Equipment Type : _____ Equipment No: _____ Registration No: _____

Driver's License No: _____ Class: _____ Expiry: _____

Driver's GDL No: _____ Class: _____ Expiry: _____

E) DETAILS OF VEHICLE (if applicable) - NOT APPLICABLE

Was Vehicle	: <input type="checkbox"/> Company Owned	<input type="checkbox"/> Rented/Leased	<input type="checkbox"/> Personal Vehicle
Accident Type?	: <input type="checkbox"/> Hit pedestrian	<input type="checkbox"/> Hit from behind	<input type="checkbox"/> Hit vehicle in front <input type="checkbox"/> Others
Alcohol/Drug?	: <input type="checkbox"/> Negative	<input type="checkbox"/> Positive (Specify type of drug : _____)	
Weather Conditions?	:		
Road Type/Condition?	:		
Speed when accident occurred?	:	km/hr	
All person wearing seat belts?	: <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Driving certification held?	: <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile phone in use?	: <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Charged by police?	: <input type="checkbox"/> Yes	<input type="checkbox"/> No	

F) ACCIDENT IMMEDIATE CAUSE

The objective is to obtain facts so that preventative action can be taken – NOT to fix blame. Immediate or direct cause that may have contributed to the accident.

1.

2.

3.

Accident Reported To:-

Name :

Designation :

Date:

Sign :



ACCIDENT INVESTIGATION REPORT

Doc. No. CTSSB-OSHMP(F)-08

Rev. No. 0

Laporan Siasatan Kemalangan

Date Rev. 01.07.2013

Pages 2 of 3

G) INSTRUCTION AND TRAINING

List and attach documentation/instructions given to employee at start/during shift (i.e. pre-start cards etc.). Is the employee competent (trained) to carry out specified tasks?

- 1.
- 2.
- 3.

H) CAUSES OF INCIDENT (INDIRECT OR BASIC CAUSE)

Type of Event :

- | | | |
|--|--|---|
| <input type="checkbox"/> Struck against | <input type="checkbox"/> Caught on | <input type="checkbox"/> Overstress/ergonomic |
| <input type="checkbox"/> Struck by | <input type="checkbox"/> Caught between or under | <input type="checkbox"/> Equipment failure |
| <input type="checkbox"/> Fall to lower level | <input type="checkbox"/> Contact with | <input type="checkbox"/> Environment release |
| <input type="checkbox"/> Fall on same level | <input type="checkbox"/> Abnormal operation | <input type="checkbox"/> Other : |
| <input type="checkbox"/> Caught in | <input type="checkbox"/> Product contamination | |

Standard Act :

- | | | |
|---|---|---|
| <input type="checkbox"/> Operating equip w/o authority | <input type="checkbox"/> Improper placement | <input type="checkbox"/> Failure identify hazard |
| <input type="checkbox"/> Failure to warn | <input type="checkbox"/> Improper lifting | <input type="checkbox"/> Failure to check /monitor |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper position for task | <input type="checkbox"/> Failure to react / correct |
| <input type="checkbox"/> Operating at improper speed | <input type="checkbox"/> Servicing equip in operation | <input type="checkbox"/> Failure to communicate |
| <input type="checkbox"/> Making safety devices inoperable | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Other : |
| <input type="checkbox"/> Using defective equipment | <input type="checkbox"/> Under influence of alcohol/drugs | |
| <input type="checkbox"/> Failure to use PPE properly | <input type="checkbox"/> Using equipment improperly | |
| <input type="checkbox"/> Improper loading | <input type="checkbox"/> Failure to follow procedures | |

Standard Conditions :

- | | | |
|--|---|--|
| <input type="checkbox"/> Inadequate guards or barriers | <input type="checkbox"/> Noise expose | <input type="checkbox"/> Inadequate information /data |
| <input type="checkbox"/> Inadequate / improper protect equipment | <input type="checkbox"/> Radiation exposure | <input type="checkbox"/> Inadequate preparation / planning |
| <input type="checkbox"/> Defective tools, equipment or material | <input type="checkbox"/> Temperature extremes | <input type="checkbox"/> Inadequate support / assistance |
| <input type="checkbox"/> Congestion or restricted action | <input type="checkbox"/> Inadequate / excess illumination | <input type="checkbox"/> Inadequate communications |
| <input type="checkbox"/> Inadequate warning system | <input type="checkbox"/> Inadequate ventilation | <input type="checkbox"/> Road conditions |
| <input type="checkbox"/> Fire and explosion hazards | <input type="checkbox"/> Presence of harmful materials | <input type="checkbox"/> Weather conditions |
| <input type="checkbox"/> Poor housekeeping/disorder | <input type="checkbox"/> Inadequate instructions/proceed | <input type="checkbox"/> Other: |

Personal factors :

- | | | |
|---|--|--|
| <input type="checkbox"/> Inadequate physical capability | <input type="checkbox"/> Physical stress | <input type="checkbox"/> Improper motivation |
| <input type="checkbox"/> Inadequate mental capability | <input type="checkbox"/> Lack of knowledge | <input type="checkbox"/> Abuse or misuse |
| <input type="checkbox"/> Mental stress | <input type="checkbox"/> Lack of skill | <input type="checkbox"/> Other : |

Job Factors :

- | | | |
|--|---|--|
| <input type="checkbox"/> Inadequate leadership/supervision | <input type="checkbox"/> Inadequate tools and equip | <input type="checkbox"/> Inadequate communications |
| <input type="checkbox"/> Inadequate engineering | <input type="checkbox"/> Inadequate work standards | <input type="checkbox"/> Other : |
| <input type="checkbox"/> Inadequate purchasing | <input type="checkbox"/> Excessive wear and tear | |

I) DETAIL ACTION NEEDED TO PREVENT RECURRENCE

Short Terms Solution

List of Action To be Taken	SOR No.	Action by	Target Date	Status

Long Terms Solution

List of Action To be Taken	SOR No.	Action by	Target Date	Status



ACCIDENT INVESTIGATION REPORT

Doc. No. CTSSB-OSHMP(F)-08

Rev. No. 0

Laporan Siasatan Kemalangan

Date Rev. 01.07.2013

Pages 3 of 3

Prepared by :

Name :

Designation :

Date:

Sign :

Reviewed / Comment by OSH Coordinator:

Date:

Signature :

Reviewed by Human Resource & Administration (HRA) :

Date:

Signature :

Approved by Head of Department:

Date:

Signature :



PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENT PLAN

No. Dokumen : CTSSB-OSHMP(F)-09

Tarikh Kuatkuasa : 1.7.2013

No. Semakan : -

Muka Surat : 1

Perancangan Keperluan Kelengkapan Perlindungan Diri

TYPE OF PERSONAL PROTECTIVE EQUIPMENT - PROTECTION REQUIREMENTS

Item	Designatio	No. of Officer	TYPE OF PERSONAL PROTECTIVE EQUIPMENT - PROTECTION REQUIREMENTS												Leg and Foot										
			Head			Eye		Face		Hearing		Respirator			Body			Hand and Arm			Leg and Foot				
			Welding Faceshield	Face Shield (Clear)	Sun Glasses	Gogle (Welding)	Gogle (Clear)	Face Shield (Clear)	Face Shield (Welding)	Ear Plug	Ear Muff	Dust Mask	Half Respirator	Full Respirator	Safety Vest	Safety Harness	Safety Belt	Cotton Glove	semi leather glove	Rubber Insulated	Full leather Glove	Safety Shoes High Cut	Safety Shoes Med Cut	Safety Shoes Low Cut	
1	Chief Executive Office		1	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1
2	Chief Technical Officer		1	0	0	1	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1
3	Chief Financial Officer		1	0	0	1	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1
4	Manager level		5	0	0	5	0	0	0	5	0	5	0	0	5	0	0	0	0	0	0	1	0	0	1
5	Executive level		5	0	0	5	0	0	0	5	0	5	0	0	5	0	0	0	0	0	0	1	0	0	1
6	Technical Officer		12	0	0	12	0	0	0	12	0	12	0	0	12	0	0	0	0	12	0	12	0	0	0
7	Clerical Staff		1	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
8	Non-clerical staff		1	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
9	Office Assistant		1	0	0	0	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
10	Other (e.g. client, visitor etc)		20	0	0	20	0	0	0	50	20	50	20	0	20	20	20	50	20	20	0	20	20	20	
	Total		48	0	0	45	0	1	0	78	20	77	0	0	48	20	20	50	20	32	0	36	20	26	
	Replacement Frequency - (Life Span for each of Equipment)		1 yr	N/A	N/A	6 mth	N/A	6 mth	N/A	1 mth	1 yr	Twice a mth	Once a year	N/A	6 mth	2 yrs	2 yrs	Twice a mth	Once a mth	1 yr	N/A	Twice a year	Twice a year	once year	
	Estimate Unit Price (RM)		15	-	150	-	50	-	-	15	50	5	100	-	100	350	150	2	80	150	-	900	500	250	
	Estimate Cost (RM)		720	-	6750	-	50	-	-	1170	1000	385	2000	-	4800	7000	3000	100	1600	4800	-	32400	10000	6500	

Approved by:

Name : En. Yusri AB. Rahman
 Designation : Chief Technical Officer
 Date :



PPE DISTRIBUTION REGISTER

Document No. **CTSSB-OSHMP(F)**

Daftar Pengagihan Peralatan Perlindungan Diri

Revision No. **0**

No	Date	Type Of PPE	Justification	Qty Received To Date	Signature

Compiled By	Agreed By	Endorsed By
.....
Name :	Name :	Name :
Designation :	Designation : Head of Department	Designation : Chief Technical Officer
Date :	Date :	Date :



OSH COMMUNICATION REGISTER

Document No. CSTTB-OSHMP(F)-11

Daftar Komunikasi OSH

Revision No. 0

From	Date Received	Details	Communications Type	Response Required? (Y/N)	Required Action	Remarks



PTW AUTHORIZATION PERSONNEL REGISTER

Document No. **CTSSB-OSHMP(F)-12**

Daftar Pegawai Diberkuasa Bagi PTW

Revision No. **0**

PTW AUTHORIZATION PERSONNEL			
List Of Permit Applicants		List Of PTW Authorisation Personnel	
Name	Designation	Name	Designation

AUTHORISED BY:

Signature :
Name :
Designation :
Date :

Effective Date : 01.07.2013

**PTW AUTHORIZATION PERSONNEL REGISTER**Document No. **CTSSB-OSHMP(F)-12****Daftar Pegawai Diberkuasa Bagi PTW**Revision No. **0**

PTW AUTHORIZATION PERSONNEL			
List Of Permit Applicants		List Of PTW Authorisation Personnel	
Name	Designation	Name	Designation

AUTHORISED BY:

**Signature :
Name :
Designation :
Date :**

Effective Date : 01.07.2013



GENERAL PERMIT TO WORK (PTW)

Document No.
CTSSB-OSHMP(F)-13

Permit Kebenaran Kerja Umum

Revision No. **0**

(Tick as appropriate)

Hot Work Electrical Confined Space Entry Mechanical Work at Height

Permit No.

Unit Area: _____ Date: _____ Time of Application: _____ AM/PM

Permit Applicant: _____ Department / Contractor: _____

WORK TO BE DONE: _____

Note: No work other than the one described above will be performed and this Permit is valid for this shift

PERSONS INVOLVED: (Print Names)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

PLACE EITHER A CHECK MARK (✓) FOR REQUIRED OR AN 'X' FOR NOT REQUIRED, DO NOT LEAVE ANY BLANK.

PROCEDURES		PPE REQUIRED	
<input type="checkbox"/>	Tool Box Meeting held and document attached	<input type="checkbox"/>	Dust mask/cartridge respirator required (circle)
<input type="checkbox"/>	Risk assessment/ SWP discussed	<input type="checkbox"/>	Face shield/goggles required (circle)
<input type="checkbox"/>	Complimentary checklist followed and attached	<input type="checkbox"/>	Hearing protection required
<input type="checkbox"/>	LOTO required (Follow checklist if LOTO is applicable)	<input type="checkbox"/>	Special protective clothing required / Hand gloves
<input type="checkbox"/>	Ladders/scaffolding required (Follow checklist if required)	<input type="checkbox"/>	Rubber safety boots required
<input type="checkbox"/>	Tools in good condition and secured	<input type="checkbox"/>	Self containing breathing Apparatus (SCBA) required
<input type="checkbox"/>	Signals discussed (Visual, Verbal, Hand etc.)	<input type="checkbox"/>	Full body harness/lanyard required
FACILITIES		ISOLATIONS	
<input type="checkbox"/>	Vessels/lines purge	<input type="checkbox"/>	Spades or Blinds
<input type="checkbox"/>	Drained	<input type="checkbox"/>	Physical separation
<input type="checkbox"/>	Flushed with water	<input type="checkbox"/>	Closed valves
<input type="checkbox"/>	De-pressurised	<input type="checkbox"/>	De-energising
<input type="checkbox"/>	Equipment cooled/ventilated	<input type="checkbox"/>	Disconnected
WORK AREA		SAFETY VERIFICATION (FOR HSE ONLY)	
<input type="checkbox"/>	Area barricaded	<input type="checkbox"/>	Procedures followed
<input type="checkbox"/>	Applicable signs placed	<input type="checkbox"/>	PPE adequate
<input type="checkbox"/>	Non essential personnel cleared from area	<input type="checkbox"/>	Facilities prepared
<input type="checkbox"/>	Standby man required	<input type="checkbox"/>	Isolation done
<input type="checkbox"/>	Safe escape from work area identified	<input type="checkbox"/>	Complimentary requirements completed and attached
<input type="checkbox"/>	Gas monitoring / Test required (Follow test requirements)	<input type="checkbox"/>	Close supervision in place

COMMENTS & ADDITIONAL REQUIREMENTS

PART A

PART B



GENERAL PERMIT TO WORK (PTW)

Document No.
CTSSB-OSHMP(F)-13

Permit Kebenaran Kerja Umum

Revision No. **0**

PART C	ACCEPTANCE	
	PERMIT RECEIVER: _____ (APPLICANT TO COMPLY WITH ABOVE CONDITIONS)	CONFIRMED BY: _____ (PERSON IN-CHARGE TO VERIFY COMPLIANCE)
	AUTHORISED BY (NAME/SIGN.): _____ (TO BE AUTHORISED BY HEAD OF DEPART.)	
PART D	WORK PROGRESS/CLOSE-OUT	
	I confirm that the job COMPLETED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CANCELLED <input type="checkbox"/>	
	And the equipment can be started <input type="checkbox"/> can not be started <input type="checkbox"/>	
	Permit Applicant : Name: _____ Sign _____ Time: ____ AM/PM Date: _____	
HSE Officer: Name: _____ Sign _____ Time: ____ AM/PM Date: _____		
PTW COORDINATOR COMMENTS:		
Sign: _____ Date: _____ Time: _____		



LIST OF TASKS REQUIRING PTW

Document No.
CTSSB-OSHMP(F)-14

Senarai Tugas Memerlukan PTW

Revision No. **0**

TASK DESCRIPTION (Keterangan Kerja)	CATEGORY (Kategori)	APPLICABLE DOCUMENTS (Dokumen Digunakan)

AUTHORISED BY:

Signature :
Name :
Designation :
Date :

	CONTRACTOR'S OSH CLAUSES DECLARATION	Doc. No.	CTSSB-OSHMP(F)-15
		Rev No.	0
	Aku Janji Kontraktor Bagi Pematuhan Keperluan OSH	Effective Date	01.07.2013
		Page	1

1. The contractor shall take full responsibility for the adequate stability and safety of all their operations.
2. Contractor shall provide required safety appliances/equipment to his/her workers like safety shoes, goggles, welding screen, helmets, safety belts, gloves etc. depending upon working condition and nature of job/work in hand.
3. Contractor shall ensure that workers are inducted in safety by CTSSB In-Charge Officer prior to deployment. Contractor shall provide competency certificates copy of personnel for specialized tasks like crane operator, driver, electrician, etc. issued by Regulatory Body prior to engage in CTSSB activities.
4. Contractor shall take site clearance/work permit every day from concerned CTSSB Supervisor before starting the work.
5. In case of injury, contractor shall first take the injured person to nearest clinic/hospital with the Accident Notification duly completed in all respects.
6. Safety of contract workmen and staff is contractor's sole responsibility. Contractor shall undertake to pay compensation to his/her workers/staff in case they meet with an accident and under no circumstance CTSSB will be responsible or liable to pay any compensation. The contractor shall at his own expense arrange for the safety in his operations as required.
7. If any of CTSSB employees finds that contractor workmen are working in unsafe conditions he is authorized to stop their work immediately. In case of violation of safety rules, contractor shall be liable to penalty as per the law and the contract may be terminated.
8. All scaffolds, ladders, other work equipments and/or safety devices mentioned or described herein shall be maintained in a sound condition and no scaffold, ladder or equipment shall be altered or removed while it is in use.
9. No person below 16 years of age shall be allowed to work inside the CTSSB premises.
10. To ensure effective enforcement of the rules and regulations relating to safety precautions and arrangements made by the contractor shall be open to inspection by CTSSB's Safety Officer or his representatives and the Inspecting Officers from the Government Agencies.
11. Notwithstanding the conditions mentioned herein above, the contractor is not exempted from the operation of any other Act or Rule in force at the time of signing this agreement and during its execution.

Declaration: I hereby have read and understand the safety clauses laid by CTSSB Management stated above, whereby on behalf of my management we will fully complied and also agreed to add the clauses as a additional to our " Contract of Service Agreement ";	
Name of Contractor : Company's Authorised Officer Name : Date : Signed and Company Stamp

General Details

Travel Destination/s:	
Main Activities:	
Person In-charge:	
Department:	

Trip Members

- A copy of this form must be provided to all trip members, and the head of department.
- In the event of an emergency, this form will be used to determine the current location and contact details of all trip members.

Name	Mobile No.	Name	Mobile No.

Travel Details

Departure		Transport Details		Arrival	
Date	Time	(CTSSB's Vehicle, Hire car details)		Date	Time
	Location				Location

Accommodation

Dates	Name	Address	Phone



JOURNEY MANAGEMENT PLAN FORM

Document No. CTSSB-OSHMP(F)-16

Borang Perancangan Pengurusan Perjalanan

Revision No. 0

Site / Destination Contact Details

Site	Contact Person	Phone / Mobile	After hours

Communication Device

(You must take at least 1 communication device that will work at all travel destinations)

<input type="checkbox"/> Satellite Phone	No.	<input type="checkbox"/> Mobile phone	No.

Vehicle Used

(Check the items needed. Add additional items, if required)

<input type="checkbox"/> Vehicle Reg. No.	<input type="checkbox"/>	Vehicle's Road Validity
<input type="checkbox"/> Vehicle User Name	<input type="checkbox"/>	Vehicle Driver's Licence Validity
<input type="checkbox"/> Vehicle in good condition – check tyres (including spare), oil, water, breaks, lights, seat belts, restraints etc		

PPE & Clothing

(Check the items needed. Add additional items, if required)

<input type="checkbox"/> Hard hat & Shade	<input type="checkbox"/>	<input type="checkbox"/>	Steel capped safety boots	<input type="checkbox"/>	Safety glasses
<input type="checkbox"/> Protective gloves	<input type="checkbox"/>	<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>	Dust mask / Respirator
<input type="checkbox"/> Raincoat	<input type="checkbox"/>	<input type="checkbox"/>	Sunglasses	<input type="checkbox"/>	Chemical resistant gloves

Other Considerations

(Check the items needed. Add additional items, if required)

<input type="checkbox"/> Torch light	<input type="checkbox"/>	<input type="checkbox"/>	Travel First Aid Kit	<input type="checkbox"/>	Tools Box
<input type="checkbox"/> Reflective Tri-angle Sign	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Button	<input type="checkbox"/>	Hydraulic Jack
<input type="checkbox"/> Spare Tyre	<input type="checkbox"/>	<input type="checkbox"/>	Walkie-talkie	<input type="checkbox"/>	GPS

Training

(Check the training needed. Add additional items, if required)

<input type="checkbox"/> Specific Safety Training	<input type="checkbox"/>	Competency / Statutory Training
<input type="checkbox"/> Client's Required Training	<input type="checkbox"/>	Safety Briefing / Pre-Job Meeting

Emergency Contacts

Nearest Hospital No.	Nearest BOMBA Station No	
Nearest Police Station No	Contractor Person In-Charge No.	
Client's Project In-charge Name & Contact No.		



MONTHLY OSH PERFORMANCE STATISTIC

Statistic Prestasi Bulanan OSH

Document No.	CTSSB-OSHMP(F)-17
Revision No.	0
Effective Date	01.07.2013
Page	1 of 1

Department / Jabatan : _____
 Period Ending / Bagi Tempoh : _____

A Statistic Summary / Ringkasan Statistik

1.0 Average Daily Manpower / Purata Pekerja Sehari		
2.0 Monthly Manhours / Jumlah Jam Bekerja		
3.0 Manhours since last LTI Jam Bekerja Dari Kemalangan Terakhir Berlaku		

DESCRIPTION (Keterangan)	THIS MONTH Bulan ini	THIS YEAR Tahun ini
-----------------------------	-------------------------	------------------------

B Incident Reported/ Kemalangan Dilaporkan

1.0 Lost Time Injury (LTI)		
1.1 Fatality / Kematian		
1.2 Lost Workday Case/ Kes Kehilangan hari bekerja		
1.3 Total Lost Workday Case/ Jumlah Kehilangan Hari Bekerja		
2.0 Injurious Non-LTI / Kecederaan Bukan LTI		
2.1 Restricted Work case/ Kes Pengecualian Kerja		
2.2 Medical Treatment Case / Kes Rawatan Perubatan		
2.3 First Aid Case / Kes Rawatan Kecil		
2.4 Occupational Illness / Penyakit Pekerjaan		
Total Incident Case/ Jumlah Kes Kemalangan		
3.0 Non-Injurious/Kemalangan / Tidak bukan Kecederaan		
3.1 Fire/ Kebakaran		
3.2 Equipment/Property damage /Kerosakan Hartabenda		
3.3 Near Miss / Kejadian Hampir		
3.4 Environmental Incident / Pencemaran Alam Sekitar		
Total Incident Case/ Jumlah Kes Kemalangan		
Grand Total Incident / Jumlah Keseluruhan		

C Frequency / Frekuensi

1.0 Average Workday Lost Rate / Purata Kehilangan Hari		
2.0 Severity Rate / Purata Keterukan		
3.0 Total Recordable Injury Case Freq./Frekuensi Kemalangan		

D HSE PROGRAMME

1.0 No. of Training / Jumlah Latihan		
2.0 No. of Breifing / Jumlah Taklimat		
3.0 No. of Safety Improvement Notice Issued / Jumlah Notis		
4.0 No. of HSE Inspection Carried Out / Jumlah Pemeriksaan HSE		
5.0 No. of HSE Related Meeting / Jumlah Mesyuarat dibuat		
6.0 Other (i.e campaign or promotion) / Lain - lain (Spt. Kempen &		

Legend
 HSE : Health, Safety & Environment
 MT : Medical Treatment Injury
 LTI : Lost Time Injury (Incident with workday lost)
 Fatality : Equal to 60 lost work days

Prepared by / Disediakan Oleh OSHS Coordinator/HRA	Date:	Acknowledge By / Disahkan Oleh Head of Department	Date:
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PRE-PURCHASE RISK ASSESSMENT - PPE
Penaksiran Risiko Pra-Pembelian Bagi APD

Document No.	CTSSB-OSHMP(F)-18
Revision No.	0
Effective Date	01.07.2013
Page	1

OHS & ENVIRONMENTAL PRE-PURCHASE RISK ASSESSMENT CHECKLIST

Documentation

Purchase Order Number: _____

Description of Item(s) to be Purchased: _____

Purpose of Purchase: _____

Supplier: _____ Cost: _____

Person Requesting Purchase: _____ Date: _____

Authorising Officer: _____ Date: _____

First Time Purchase Repeat Purchase

Pre-Purchase Environment Health & Safety Considerations

- This FORM must be completed prior to purchasing the item. All items are to be completed by the person requesting the purchase and confirmed by the Authorising Officer;
- Where pre-purchasing risk assessment documentation **is not** required, the person purchasing/ordering/requesting the goods must still ensure that the goods do not pose a risk to health and safety;
- For repeat purchases the Authorising Officer shall verify that a Pre-purchase Risk Assessment Checklist has been completed;
- Where a Pre-purchase Risk Assessment Checklist has not been completed the Authorising Officer shall ensure that it is completed;

This form is to be used in conjunction with procedure Purchasing Requirements



Penaksiran Risiko Pra-Pembelian Bagi APD

EHS Pre-purchasing Checklist – PPE Section

Item for Purchase	General Considerations	Information to obtain from supplier	Tick if supplied	Comments
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Is the PPE designed in accordance with Malaysian Standards and marked accordingly? Is the PPE correct for the application (ie. Respirators, ear muffs)? Can the PPE be stored and maintained easily? 	<ul style="list-style-type: none"> Malaysian approval Information on safe use, specific requirements and maintenance. 	<input type="checkbox"/> <input type="checkbox"/>	

I (name of staff member authorising purchase) declare that I am satisfied that a reasonable effort has been made to consider the Occupational Health and Safety implications of introducing this item to the company.

Signature..... Date ___/___/___

