

**UNIVERSITY MANUAL OF  
OCCUPATIONAL SAFETY AND HEALTH**



# **UNIVERSITY MANUAL OF OCCUPATIONAL SAFETY AND HEALTH**

OCCUPATIONAL SAFETY, HEALTH  
AND ENVIRONMENT (OSHE) UNIT



2012

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This standard model of University Manual of Occupational Safety and Health is exclusively designed to meet the suitability and complexity of Universiti Teknologi Malaysia. Where any doubt exists with regard to compliance with this manual document, advice from The Director of OSHE unit, Universiti Teknologi Malaysia is highly recommended.

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<b><i>Preface</i></b>	<b><i>ix</i></b>
<b><i>Foreword</i></b>	<b><i>xi</i></b>
<b><i>Terms and Definitions</i></b>	<b><i>xiii</i></b>
<b>Chapter 1 Introduction</b>	<b>1</b>
1.1 University Overview	3
1.2 University Occupational Safety, Health and Environment Unit	4
<b>Chapter 2 OSH Management and Policy</b>	<b>9</b>
2.1 Occupational Safety and Health Management System (OSHMS) Procedure	11
2.2 Occupational Safety and Health Policy	15
<b>Chapter 3 Staff Participation and OSH Committee</b>	<b>17</b>
3.1 Staff participation in OSH	19
3.2 Occupational Safety and Health Committee Guidelines	22
3.3 Guidelines of Competency, Training and Awareness in OSH	26
<b>Chapter 4 Managing Hazards and Risks</b>	<b>29</b>
4.1 Hazards Management	31
4.2 HIRARC Procedure Guidelines	33
4.3 Hazard Identification, Risk Assessment and Risk Control (HIRARC) Procedure	39

<b>Chapter 5</b>	<b>Incidents, Accidents and Emergencies</b>	<b>41</b>
5.1	Management of Incidents, Accidents and Emergencies	43
5.2	Guidelines of Hazard, Incidents and Accidents Reporting and Resolution Procedure	46
5.3	Hazard, Incidents and Accidents Reporting and Resolution Procedure	48
5.4	Emergency Response Plan (ERP) Procedures	50
5.5	First Aid Plan Procedure	54
5.6	Pre-hospital Emergency Care Procedures	61
<b>Chapter 6</b>	<b>Internal Audit Programme</b>	<b>63</b>
6.1	Internal Audit Procedures	65
<b>References</b>		<b>71</b>
<b>Appendices</b>		<b>73</b>



## Preface

Universiti Teknologi Malaysia is a safety-conscious organization and recognizes the importance of safeguarding the well-being of all our staff, students and visitors. We have produced this manual to set out the details of day-to-day working practices, which we hope will keep the university a safe and pleasant place to work as far as it is reasonably practicable to do so. I encourage all staff and students to study the relevant parts of this manual and incorporate its measures into everyday practice so that every job you do is done in a naturally safe manner.

Thousands of people who were injured at work every year did not expect it to happen to them; it is only by learning from the mistakes of the past and applying their lessons in our own work that we can improve matters. Staff and students are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be immediately reported to OSHE Unit.

Safety and Environmental considerations are an important part of our daily lives. This *University Manual of Occupational Safety and Health* is the guiding document of the University Occupational Safety, Health and Environmental Program. Student workers are especially susceptible to accidents and environmental mistakes, and must be trained and guided by knowledgeable faculty and staff.

**Prof. Dr. Maketab Mohamed**

Director

Occupational Safety, Health and Environment (OSHE) Unit

Universiti Teknologi Malaysia

2012



## Foreword

It gives me great pleasure that the University Manual of Occupational Safety and Health is now ready, a document which describes the safety programme in Universiti Teknologi Malaysia for both the Johor Bahru and Kuala Lumpur campuses. The inception of this manual is based on the premise that our staff and students are the most critical asset to the university and as such, their health and safety will need to be safeguarded at all times.

This can be done by nurturing a work culture that emphasizes safety through awareness, education and continuous training. As such, the aim of this manual is to create and maintain a safe and healthy work environment that is free from any recognised or known potential hazards, while making the staff and students informed of the UTM Safety, Health and Environment Policy already in place.

At the same time, this safety programme is to protect not just the UTM staff and students, but also contract workers and visitors against unforeseen adverse effects in relation to health or injury. The key to doing this is accident prevention. If all the personnel involved follow the safety rules and operating procedures presented in this manual, the possibility of an accident happening will be greatly reduced. Alternatively, in the event of an accident, any harmful effects will be minimized with knowledge of the emergency and first-aid procedures presented.

UTM is thus firmly committed to ensuring safety, and we will do everything possible to make available an action plan for activities to be carried out in a safe and healthy environment. References to safety regulations are based on Federal OSHA 1994 and FMA 1967 standards, unless otherwise stated.

Let us together ensure a safe and healthy work environment and prevent accidents and injuries to the best of our ability.

**Datuk Prof. Ir. Dr. Zaini Ujang**  
Vice-Chancellor  
Universiti Teknologi Malaysia  
2012



## Terms and Definitions

**Accident:** The event of injury, disease, property damage, environmental loss or combination due to logical sequences of unexpected and unplanned event from combination of multiple causes.

**Arrangement:** Act of planning, scheduling, arranging and adapting activities to meet the desired set objectives. Arrangements could include systems, programs, activities, processes, procedures, records and instructions. Such arrangements are communicated and where appropriate documented.

**Audit:** A systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

**Auditee:** Organization being audited.

**Auditor:** A person with the competence to conduct an audit.

**Audit conclusion:** Outcome of an audit, provided by the audit team after consideration of the audit objectives and all audit findings.

**Audit criteria:** A set of policies, procedures or requirements in OHSMS.

**Audit evidence:** Records, statements of fact or other information, which are relevant to the audit criteria and verifiable.

**Audit findings:** Results of the evaluation of the collected audit evidence against audit criteria. Audit findings can indicate either Conformity or Nonconformity (NCR) with audit criteria or Opportunities for Improvement (OFI).

**Audit programme:** A set of one or more audits planned for a specific time frame and directed towards a specific purpose. It includes all activities necessary for planning, organizing and conducting the audits.

**Audit scope:** Extent and boundaries of an audit.

**Audit team:** One or more auditors conducting an audit. One auditor of the audit team is appointed as the audit subgroup leader. The audit team may include auditors-in-training.

**Casualty or casualties:** An injured or ill person(s) caused by unsafe arrangement.

**Competence:** Demonstrated personal attributes and ability to apply knowledge, skills and attitudes.

**Director of Internal Audit Team:** A competent person in OSH auditing or gazetted as a qualified Lead Auditor by national or international body.

**Emergency:** An unforeseen combination of circumstances or any sudden danger, which calls for immediate action to prevent severe injury, illness, damage, loss or distress.

**Emergency Response Committee:** An employee who has been appointed by University OSHE Committee including the Director of OSHE Unit, Incident Commander and Head Division of ERT.

**Emergency Response Plan (ERP):** Includes four stages of emergency management including mitigation, preparedness, immediate action and recovery.

**Emergency Response Team (ERT):** Employees of the Universiti Teknologi Malaysia who has been appointed by University Emergency Response Committee as workforce members of ERT including Chief of Local Incident Commander, Deputy of Local Incident Commander, and Head division of operation, logistic, planning and administration. They are response to the immediate or emergency action event to prevent severe injury, illness, damage, loss or distress.

**ERP Area:** The physical buildings or premises owned by Faculty, Centre, Residential College, and other Unit. Each area has been assigned to an appointed Chief Local Incident Commander of ERP.

**ERP Area Responsibility:** Each physical building or premise owned by Faculty, Centre, Residential College, and other Units has been divided into multiple small areas or floors for the provision and maintenance of suitable Emergency Response Plan. Each divided area or floor has been assigned to an appointed Deputy Incident Commander. Every Deputy Incident Commander is said to have “Area Responsibility” for their specific small area or floors.

**Environment:** The physical structures, psychological, social and organization in which UTM activities take place.

**External Emergency Services:** The Fire Authority, Police, Ambulance and the Civil Defence Department (JPAM), Malaysia Red Crescent Society and etc.

**First aid Area:** An area owned by Faculty, Centre, Residential College, and other Units which is specifically for the purpose of first aid plan.

**First Aid Area Responsibility:** An area owned by Faculty, Centre, Residential College, and other Units which has been divided into multiple areas for the provision and maintenance of suitable pre-hospital medical services. Each area has been assigned to a nominated University First Aiders. University First Aiders are said to have “Area Responsibility” for the buildings, floors, etc.

**First Aider is readily available:** The University First Aiders are deemed to be readily available if they:

1. can be easily contacted;
2. hold a position that does not frequently cause them to be absent from the area or group they serve; and
3. are sufficiently mobile to proceed rapidly to an accident scene.

**Hazard:** A source or a situation with a potential for harm in terms of human injury or ill health, damage to property, productivity, poverty, the environment or a combination of these.

**Hazard identification:** The identification of undesired source or situation that leads to the materialization of the hazard and the mechanism by which those undesired source or situation could occur.

**Hazards management:** The structured process of Hazard Identification, Risk Assessment and Risk Control (HIRARC).

**Head of Local Management:** Dean or Deputy Dean of Faculties; Director of Centres, Units and Residential Colleges, who plans, designs, organises or supervises the activities of other employees, contractors, students or visitors on behalf of the University.

**Hierarchy of control:** The established priority order for the types of measures to be used to control risks.

**Injury or illness:** Any injury or illness incurred by any person including the recurrence or aggravation of any pre-existing injury or illness, even if unrelated to the University.

**Lead auditor:** A competent person who has been designed for audit team leaders and managing audits.

**Likelihood:** An event likely to occur within the specific period or in specified circumstances.

**Local OSH Committee:** This committee is the OSH management committee at the level of faculties, centres, residential Colleges and other units. It is chaired by Head of Local Management or his authorized Deputy. The representatives are the elected staff in accordance with the provisional of Act 514.

**Near-misses (Incident):** A sequence of unexpected, unplanned event which occurs through a combination of causes with the potential to cause people harm (injury, ill-health or disease), damage to equipment, buildings, plant or the natural environment.

**New plant or substances:** It covers plant or substances that have never been introduced on site or have been introduced, in term of purposes, quantities, etc.

**Nonconformities (NCR):** A term used whereby the organization has failed to fulfil one or more requirements of the management system standard, or situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs.

**OSH committee:** It is part of the top management committee. Two levels of OSH committee, University OSHE Committee and Local OSHE Committee.

**OSH Committee representative:** Staff of the university who has been elected or nominated to the position of representative in accordance with the provision of Act 514.

**OSH issue:** Any hazardous source or event associated with the work of staff.

**Risk:** A combination of the likelihood of an occurrence of a hazardous event with specified period or in specified circumstances and the severity of injury or damage to the health of people, property, environment or any combination of these caused by the event.

**Plant:** All machinery and fixed appliances which contain or generate a substance in the course of work.

**Pre-Hospital Medical Care:** Refer to the Emergency or Non-emergency Medical Services at the scene of accident.

**Risk assessment:** The process of evaluating likely frequency and severity of harm arising from a hazard.

**Risk control:** The process of implementing control measures to reduce as far as reasonably practicable the risk associated with a hazard in accordance with control hierarchy. The process must be periodically monitored for effectiveness. It is important to ensure that the control measures do not introduce new hazards.

**Reasonably practicable:** In accordance with:

- (a) The severity of the hazard;
- (b) The state of knowledge about the hazards management process;
- (c) The availability and suitability of procedures to remove or mitigate hazard or risk; and
- (d) The cost of removing or mitigating that hazard or risk.

**Risk control hierarchy:** Ranks risk control measures in decreasing order of effectiveness:

- (a) Elimination of hazard;
- (b) Substitution of hazardous processes or materials with safer ones;
- (c) Engineering controls;
- (d) Administrative controls; and
- (e) Personal protective equipment.

**Secretary of OSH committee:** A qualified Safety and Health Officer or Supervisor as gazetted in the Occupational Safety and Health Act 1994. The Director of OSHE unit is automatically posted to this position. The secretary of Local OSH



committee is elected or nominated to this position by Head of Local Management and approved by University OSH committee.

**Severity:** Outcome of an event such as severity of injury or health of people, or damage to property, or insult to environment, or any combination of those caused by the event.

**Substance:** All chemicals and materials, in any physical form, but are not limited to, compressed gases, solvents, radioactive substances, building materials, pesticides, laboratory chemicals, and cleaning chemicals. Cooking ingredients in food preparation, Medical and pharmaceuticals products are excluded.

**Technical expert:** Does not act as an OSH committee member but provides specific knowledge or expertise to 'support' any OSH program.

**The Director of Internal Audit:** Head of University Audit Committee.

**The Director of OSHE unit:** Head of University OSHE Unit and a Secretary of University OSHE committee.

**Top management:** Vice-Chancellor, Deputies Vice-Chancellors, University OSH committee and Head of Local Management for Faculty, Centre, Residential College or unit.

**University endorsed-activities:** All programs, services, projects and events for educational, research, commercial and others regardless its location.

**University Chief Commander:** The OSHE Committee member and fulfilled Emergency Response Preparedness Course and approved by the Vice-Chancellor.

**University community:** Employees, contractors, students or visitors.

**University First Aider:** A person or an employee of the Universiti Teknologi Malaysia who holds a current valid at least an intermediate (level 2) first aid qualification which is issued by an accredited first aid trainer, or an equivalent qualification as determined by the University Director of OSHE unit.

**University OSHE Committee:** This is a top University OSHE management committee, chaired by Vice-Chancellor or his authorized Deputy Vice-Chancellor. The committee members are the elected representative from workers' unions and the management group of faculties, centres, residential Colleges and other units. The management group also includes technical experts of various fields in Safety and Health. This committee is constituted in accordance with the Occupational Safety and Health Act 1994.



# **CHAPTER 1** Introduction

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**University Overview**

**University**

**Occupational  
Safety, Health and  
Environment Unit**

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## 1.1 University Overview

Welcome to Universiti Teknologi Malaysia (UTM), the second largest public university in Malaysia. UTM has 2 campuses, namely the 1,222 hectares main campus in Skudai, Johor, and an 18 hectares branch campus, situated at Jalan Semarak, in the capital city of Malaysia, Kuala Lumpur.

UTM has earned its place as Malaysia's oldest premier university in engineering and technology since 1904. It is renowned for being at the forefront of engineering and technological knowledge and expertise, contributing to the technical and professional workforce of the nation.

UTM's mission is to lead in the development of creative and innovative human capital and advanced technologies that will contribute to the nation's wealth creation. This is in line with the aspiration of the country towards becoming a knowledge-based, innovation-led economy grounded in creativity and innovation with high value creation. Through a strategic transformation of its organizational structure, UTM is focused in creating a vibrant academic culture and fertile intellectual ecosystem that inspire creativity and innovation.

With a strength of 5,317 staff (July 2012), UTM continuously strives to develop and enhance quality academic and professional programmes of international standard and global recognition. The student population is 24,400 (July 2012).

### 1.1.1 Vision, Mission and Goals

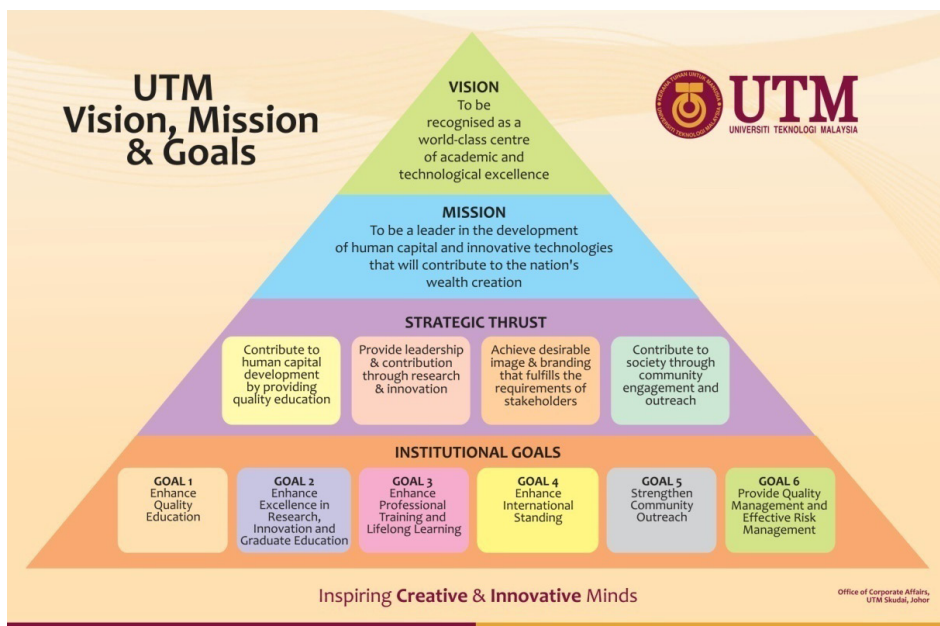


Figure 1.1 UTM Vision, Mission and Goals

### 1.1.2 Organizational Management

The Vice-Chancellor is the chief executive of the university management and assisted by four Deputies in the executive committee with the portfolios of Deputy Vice-Chancellor (Academic & International), Deputy Vice-Chancellor (Research & Innovation), Deputy Vice-Chancellor (Student Affairs & Alumni) and Deputy Vice-Chancellor (Development).

### 1.1.3 UTM Functional Organizational Structure

The UTM functional organizational structure is shown in Figure 1.2. The Board of Directors has delegated the authority to the Vice-Chancellor to act for and on behalf of the UTM Board of Directors. The Vice-Chancellor is in charge of all academic, public, business, financial and related affairs of the university under the policies and general supervision of the board. He exercises control and supervision of all faculty and other university employees.

## 1.2 University Occupational Safety, Health and Environment Unit

### 1.2.1 History

Occupational Safety, Health and Environment (OSHE) Unit was established in June 2001 to comply with the Occupational Safety and Health Act 1994 (Act 514) which was enforced on February 25, 1994. The main objective of this act is to foster the commitment of employers and employees on occupational safety and health practices. The enforcement of this act is one of the government's efforts to curb the incidents of accidents and occupational diseases in the country rising over the last few years. OSHE Unit is involved in the planning and implementation of inspection activities, training programs and occupational safety and health awareness to ensure the safety and health of UTM staff, students and visitors.

### 1.2.2 OSHE Organization

UTM OSHE Unit organization is shown in Figure 1.3. The unit is headed by a director and supported by three deputies in the area of environment and construction, radiation and biosafety, and occupational safety and health.

### 1.2.3 University OSHE Committee

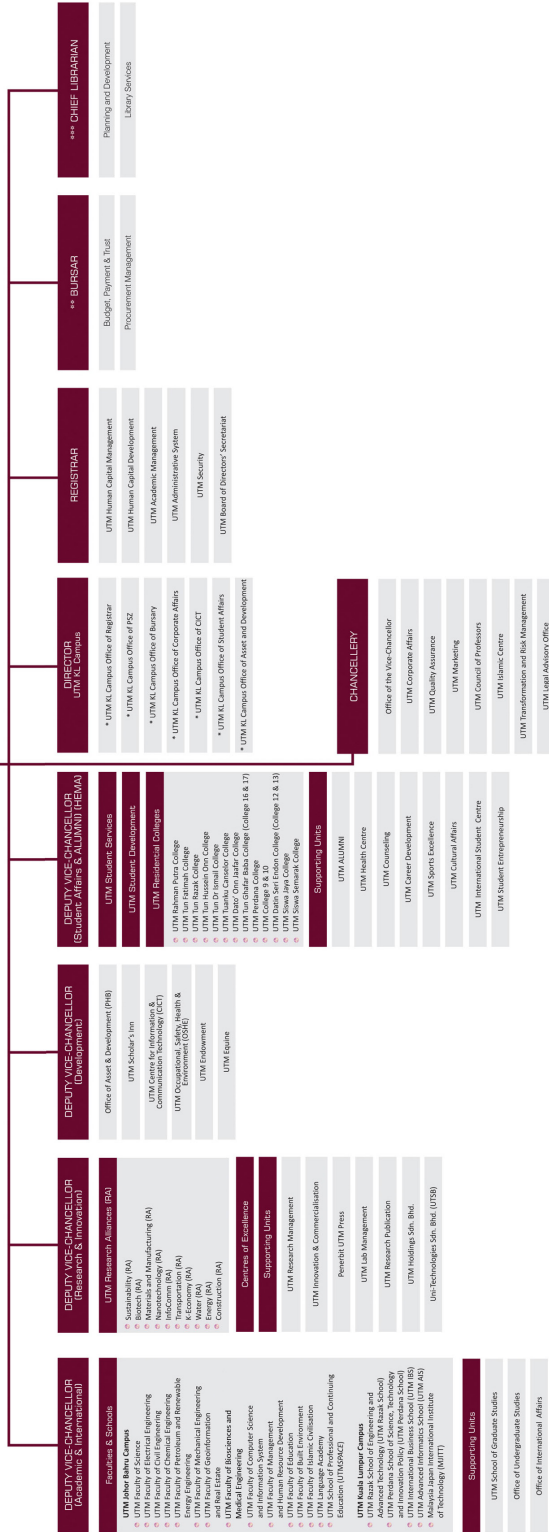
UTM OSHE Central Committee organizational structure is shown in Figure 1.4. It is headed by Deputy Vice-Chancellor (Development). Details about the function and responsibilities of this committee are discussed in Chapter 2.



## BOARD OF DIRECTORS

### UTM Internal Audit

## VICE - CHANCELLOR



- \* All the departments operating at UTM Kuala Lumpur will report to the Director for daily operations but are responsible to the Heads of Department at the main campus
- \*\* Reports Directly to the Vice-Chancellor through the Deputy Vice-Chancellor (Development)
- \*\*\* Reports Directly to the Vice-Chancellor through the Deputy Vice-Chancellor (Academic & International)

innovative • entrepreneurial • global

The Organogram is updated on July 2022

Figure 1.2 UTM Functional Organizational Structure

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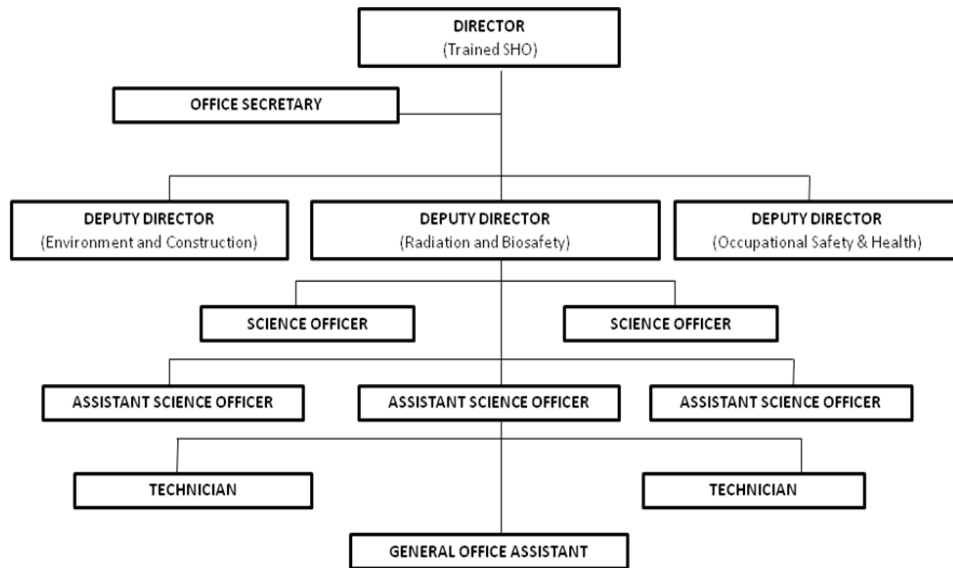
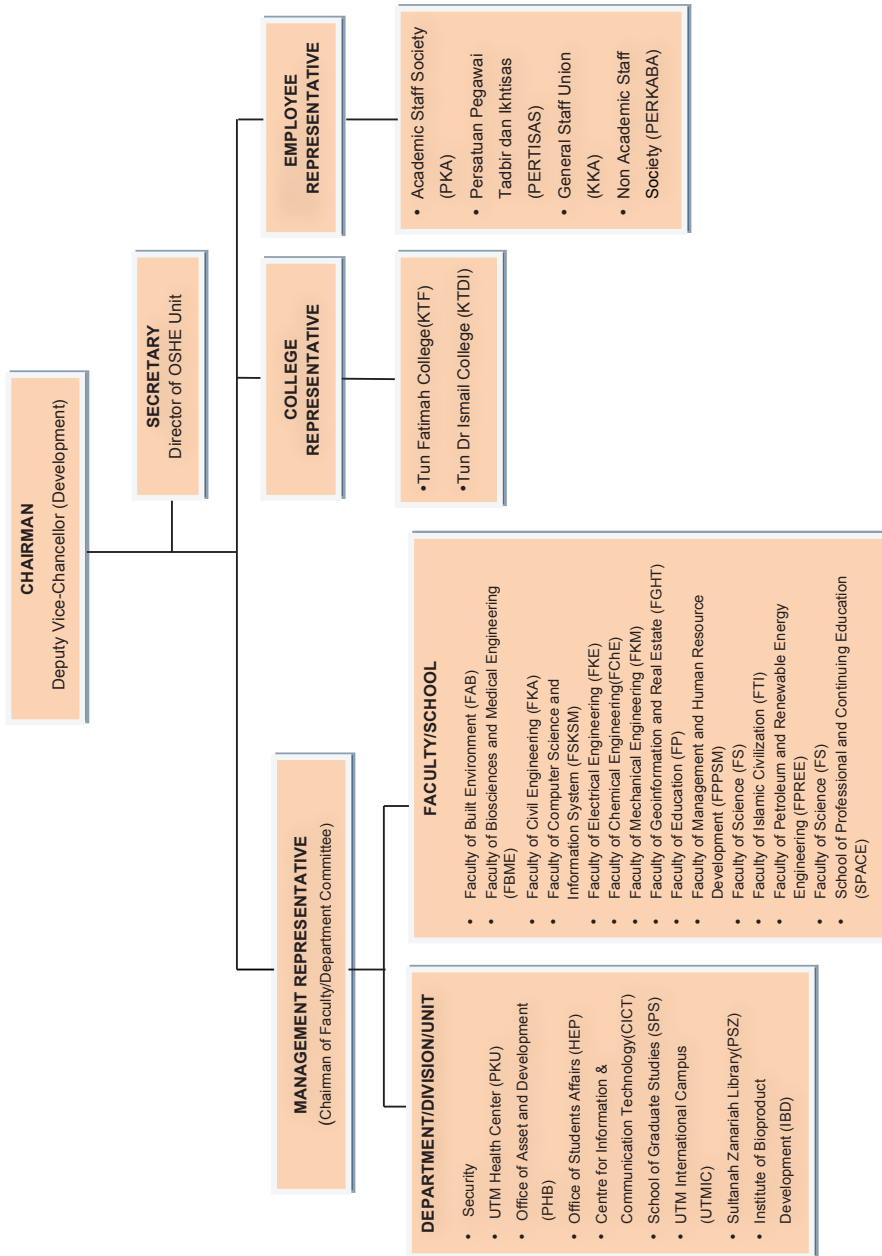


Figure 1.3 UTM OSHE Unit





**Figure 1.4** Organizational Structure of UTM OSHE Central Committee



## **CHAPTER 2**

### **OSH Management and Policy**

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**Occupational Safety  
and Health  
Management  
System (OSHMS)  
Procedure**

**Occupational Safety  
and Health Policy**

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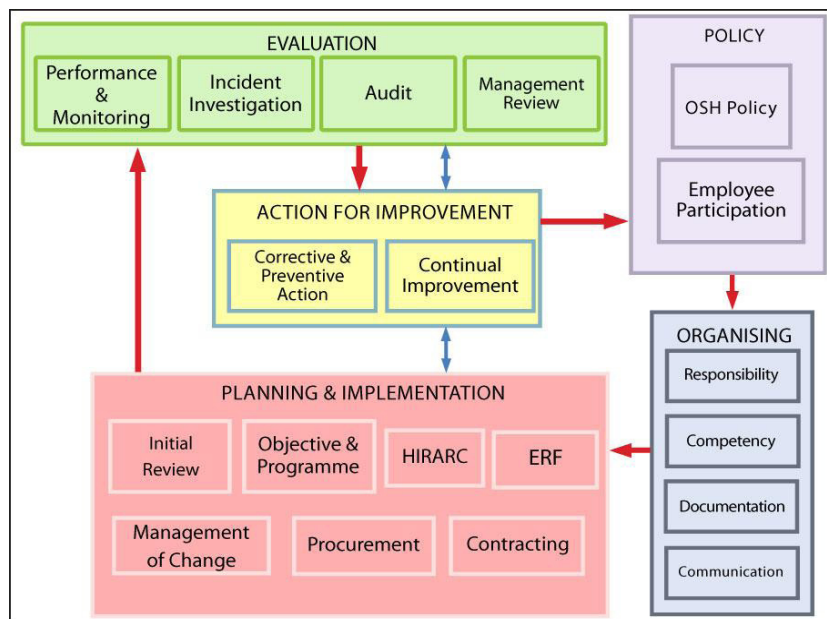


## 2.1 Occupational Safety and Health Management System (OSHMS) Procedure

### 2.1.1 Introduction

#### 2.1.1.1 Definition

OSHMS procedure is a set of interrelated or interacting elements to establish and implement OSH policy and objectives, and the procedures to achieve those objectives. OSHMS is part of the organization's overall management system used to manage OSH risks. A management system includes organizational structure, planning activities (including for example, risk assessment and the setting of objectives), responsibilities, practices, procedures, processes and resources.



(Source: Ministry of Human Resources Malaysia. 2011. *Guidelines on Occupational Safety and Health Management System (OSHMS)*)

**Figure 2.1** The conceptual categories and its sub elements in OSH Management System

#### 2.1.1.2 Elements in OSHMS

1. There are five main categories in OSHMS:

- (a) Policy;
- (b) Organizing;

- (c) Planning and Implementation;
  - (d) Evaluation; and
  - (e) Action for improvement.
2. Each category has its sub elements as shown in Figure 2.1:
- (a) The red arrow represents the interaction between each main element of OSHMS; whereas
  - (b) The blue arrow represents the systemic interaction between the sub elements respectively.

### **2.1.2 Purpose**

This procedure provides standard outlines of OSHMS process for a safe and healthy environment in UTM.

### **2.1.3 Scope**

This procedure applies to the university community, university endorsed-activities, all premises or facilities owned, occupied or managed by the university wherever its location.

### **2.1.4 Responsibilities, Accountability and Authority**

#### ***2.1.4.1 The Vice-Chancellor***

Responsible for the strategic risk management plans of OSHMS.

#### ***2.1.4.2 OSHE Committee***

In cooperation with the top management, the committee either at the university or local level is responsible for operational and monitoring the implementation and performance of OSHMS in all activities within their areas of supervision.

#### ***2.1.4.3 The Director of OSHE Unit***

The unit responsible for the development, maintenance and ownership of the university OSHMS procedure which includes policy, advice, training, and auditing.

### **2.1.5 Procedures**

#### ***2.1.5.1 Organizing***

The OSHMS is implemented in consultation with relevant university community. The Head of Local Management in consultation with local OSHE committee shall set their OSH procedures, in accordance with:

- 1. University policy and objectives;

2. Legal and OSHMS standard requirements,
3. Safety performance targets, and
4. Continuous improvement.

#### **2.1.5.2 Accountability and Resources**

1. The university community at all levels are accountable to comply with those elements of university OSH requirements, without jeopardizing anyone's own safety and health or creating risks for others.
2. Top management includes Head of Local Management, they are being accountable for:
  - (a) Implementing an effective OSHMS through Annual OSHMS Plans;
  - (b) Ensuring the necessary knowledge and skills possessed by the person to develop and implement the OSHMS plans;
  - (c) Actively participating and supporting the local OSH committee in their efforts to organize and implement the OSHMS plans and other safety and health risk control measures;
  - (d) Allocating appropriate resources on these procedures and risk control measures;
  - (e) Measuring the safety and health performance and achieving targets.

#### **2.1.5.2 Reporting and Evaluation**

1. Head of Local Management submits Quarterly Summary OSHMS Reports to the Director of OSHE Unit.
2. Head of Local Management conducts Annual Self-Evaluations of their operational OSHMS plans in consultation with their local OSHE Committee. Submits their Annual Summary OSH Report in writing to the Director of OSHE unit.
3. The Director of OSHE unit submits and presents Quarterly and Annual Summary OSHMS Reports to the University OSHE committee.
4. The Vice-Chancellor or the authorized representative in consultation with University OSHE committee members reviews the OSH performance of Faculties, Centres, Residential Colleges and other units within their portfolios against targets.
5. The Director of OSHE Unit shall conduct regular OSHMS audits of Faculties, Centres, Residential Colleges and other units against their operational OSHMS plans. The audit report with recommended corrective actions shall be submitted in writing to the University OSHE committee and the Head of Local Management for improvement.

#### **2.1.5.2 Actions for Improvement**

Head of Local Management shall implement preventive or corrective actions and

continual improvement as identified in the evaluation processes as described above and written in the audit guidelines (Chapter 6).

#### 2.1.6 Related Documents

1. Guideline on Occupational Safety and Health Management System, 2011, Department of Occupational Safety and Health, Ministry of Human Resources.
2. UTM OSHE Policy. (Appendix 2A)
3. Annual OSHMS plan for the following year. (Appendix 2B)
4. OSH management activities schedule. (Appendix 2C)
5. Malaysian Standard 1722:2011, Clause 3.0.
6. OHSAS18001:2007, Clause 4.1.

#### 2.1.7 Forms

1. Quarterly Summary OSH Report. (Appendix 2D)
2. Annual Summary OSH Report.

#### 2.1.8 Record Keeping

Title	Location	Person in-charge	Retention period
Quarterly Summary OSH Report			
Annual Summary OSH Report			

#### 2.1.9 Implementation

The OSHMS shall be implemented through university manual booklets, relevant notice boards, university intranet and website.



## **2.2 Occupational Safety and Health Policy**

### **2.2.1 Purpose**

This policy is to describe, as far as reasonably practicable, the commitments of the Vice-Chancellor in consultation with the staff of Universiti Teknologi Malaysia (UTM), to prevent and protect the university community against hazards and its risks in connection with their activities at work.

### **2.2.2 Scope**

This policy and objectives are applicable to the university community, university endorsed-activities, all premises or facilities owned, occupied or managed by the university wherever the locations are.

### **2.2.3 Policy statement**

#### ***2.2.3.1 University OSHE Policy***

The current Vice-Chancellor endorsed the policy on 17.11.2008. The current policy is shown in Appendix 2A.

#### ***2.2.3.2 University OSHE Objectives***

To ensure the safety and healthy working environment, UTM, the Vice-Chancellor of UTM shall be responsible for:

- (c) Preventing accidents and health problems of university community in UTM;
- (d) Planning periodic inspections on standard of physical facilities, occupational safety and to plan auditing on place, system and safe working procedures;
- (e) Reporting and investigating all incidents causing injuries, and damage to property and plan on the control measures;
- (f) Providing and maintaining a good environment in work place and to provide safety equipment and facilities in order to reduce safety and health disaster;
- (g) Providing latest information and adequate training on safety and health to staff;
- (h) Reviewing and revising UTM's Policy on Occupational Safety, Health and Environment from time to time.

### **2.2.4 Responsibilities, Accountabilities and Authority**

#### ***2.2.4.1 The Vice-Chancellor and University OSHE Committee***

Responsible for the development, establishment and implementation of this policy and determine appropriate objectives, performance and continuous improvement for safety and health.

#### **2.2.4.2 The Director of OSHE Unit**

1. The director of this unit plays a major role and is responsible for the maintenance and university ownership of this policy.
2. The unit is responsible for the implementation and maintenance of the university OSH policy and objectives in the management systems, including advice, training, and auditing.

#### **2.2.4.3 Top Management**

They are responsible for the operational management of the university OSH policy and objectives associated with their scope of activities and premises.

#### **2.2.5 Related Documents**

1. Occupational Health and Safety Act 1994, Part IV Section 16.
2. Guideline on Occupational Safety and Health Management System, 2011, Department of Occupational Safety and Health, Ministry of Human Resources.
3. Malaysian Standard 1722:2011, Clause 3.1.
4. OHSAS18001:2007, Clause 4.2.

#### **2.2.6 Implementation**

The university OSH Policy and Objectives shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## **CHAPTER 3**

### **Staff Participation and OSH Committee**

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#### **Staff Participation in OSH**

#### **Occupational Safety and Health Committee Guidelines**

#### **Guidelines of Competency, Training and Awareness in OSH**

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### **3.1 Staff Participation in OSH**

#### **3.1.1 Purpose**

To describe the arrangements for giving all UTM staff members and other relevant university community adequate responsibilities and participation in relation to the safety and health issues that affect their work.

#### **3.1.2 Scope**

This chapter applies to UTM staff and other relevant university community.

#### **3.1.3 Objectives**

1. The University recognizes the right of UTM staff and other relevant university community to actively participate on the safety and health aspects of their work.
2. Type of staff participation may depend on the size of the Faculties, Centres, Residential Colleges and other Units. Under the requirement of the Occupational Safety and Health Act 1994, staff of 40 or more persons, or when directed by the Director General of Department of Occupational Safety and Health, must establish an OSH committee at the workplace.
3. The university has committed to promote effective participation of UTM staff and other relevant university community on the safety and health through:
  - (a) Making their time available to attend training, preparing and attending OSH meeting;
  - (b) Consultation with the staff who participate and other representative;
  - (c) Workplace inspection;
  - (d) Accident investigation;
  - (e) Corrective action;
  - (f) Announcing and displaying the representative of OSHE Committee;
  - (g) Development and implementation of a procedure for OSH resolution issues;
  - (h) Budgeting for expenses related to OSH activities;
  - (i) Monitoring, in consultation with representatives, the suitability and effectiveness of the OSH committee/workforce.

#### **3.1.4 Responsibilities, Accountabilities and Awareness**

1. Duty of care would be judged from level of training and is to be based on the standard of reasonable care that is to be expected from the person.
2. Relevant university community shall be given a copy of the OSH policy, procedures and plans.

3. UTM staff and other relevant university community:
  - (a) Shall actively and effectively take part in OSH activities;
  - (b) Are essentially required to cooperate with the managerial and other persons in discharging his/her OSH duties or responsibilities;
  - (c) Are considered non-cooperative when he misconducts and endangers himself in a condition whereby the safe system of work has been reasonably implemented and maintained;
  - (d) Should wear or use the provided personal protective equipment (PPE) at all time. If the PPE is unsuitable, the staff should inform the head of department/unit with regard to the problem;
  - (e) Are required to follow the “safe operating procedure” (SOP);
  - (f) Shall not apply on purpose, carelessness, recklessly, obstruct, apply to wrong purpose or improper use to plant, substance, system, procedure and rules in the interest of OSH and welfare of staff;
  - (g) Shall not be levied by the university in respect of anything done or provided in pursuance of university OSH arrangement;
  - (h) Shall not be dismissed or discriminated if he makes a complaint about OSH issues at his workplace;
  - (i) Will not be dismissed or discriminated because they are members of safety and health committee;
4. A person who contravenes the provisions of the above duties shall be liable to imposing a penalty by the Vice-Chancellor.

### 3.1.5 Related Documents

1. Occupational Safety and Health Act 1994, Part VI General Duties of Employees:
  - (a) Section 24: General Duties of Employees at Work;
  - (b) Section 25: Duty not to interfere with or misuse things provided by pursuant to certain provisions;
  - (c) Section 26: Duty not to charge employees for things done or provided;
  - (d) Section 27: Discrimination against employee, etc.
2. Guideline on Occupational Safety and Health Management Systems, 2011.
3. MS1722:2011, Clause 3.1.2.
4. OHSAS18001:2007, Clause 4.4.3.
5. Occupational Safety and Health Committee Guidelines.
6. Guideline of Training in OSH.

### 3.1.6 Forms

1. OSHE Committee Representatives. (Appendix 3A)
2. OSH Induction Checklist. (Appendix 3B)

### 3.1.7 Record keeping

Title	Location	Person in-charge	Retention period
OSHE Committee Representatives			
OSH Induction Checklist			

### 3.1.8 Implementation

The staff participation and OSHE committee shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## **3.2 Occupational Safety and Health Committee Guidelines**

### **3.2.1 Purpose**

To describe all arrangements of OSHE committee that shall operate within UTM.

### **3.2.2 Scope**

This manual applies to all levels of OSHE representatives.

### **3.2.3 OSHE committee**

UTM has two levels of OSHE committee:

1. University OSHE Committee.
2. Local OSHE Committee.

### **3.2.4 University OSHE Committee**

1. The committee is chaired by the Vice-Chancellor or his authorized Deputy Vice-Chancellor. A letter of authorization should be given to the authorized person.
2. The secretary of this committee is the Director of OSHE Unit.
3. A secretary of OSHE committee:
  - (a) A person must be trained as a Safety and Health Officer (SHO) as recognized by Department of Occupational Safety and Health;
  - (b) If a secretary of OSHE committee is not available, he may be represented by one of the deputies of the OSHE Unit.
4. The top management is required to provide training and information to OSHE committee members.

#### **3.2.4.1 Election of Committee Representatives**

1. The members of the committee consists of TWO (2) major groups of representative:
  - (a) Management - Faculty, Centre, Residential College, Unit;
  - (b) Staff or Union.
2. Each portfolio from management and staff or Union representative shall be represented by at least TWO (2) people who include:
  - (a) The Head of Local Management or authorized senior management staff;
  - (b) Local OSH representative (Local SHO or Safety & Health Supervisor);
  - (c) Both representatives must be members of Local OSHE Committee.



3. When Local OSHE Committee justifies it, the Head of Local Management can notify to the University OSHE Committee through the Director of OSHE Unit for approval.
4. The details of current Safety and Health Representatives are shown in the University OSHE Committee Representatives Record. (Appendix 3A)
5. As stated in Act 514 regulation, the committee may remove the member for the reasons of either:
  - (a) Has voluntarily withdrawn;
  - (b) Has failed to attend three consecutive meetings without notice to the chairman;
  - (c) Has been found or declared to have unsound mind;
  - (d) Has been declared bankruptcy by authority.
7. If a position of representative becomes vacant due to the above reasons, the relevant Head of Local Management must nominate their new representative and notify the Director of OSHE Unit within 30 working days.
8. The Head of Local Management must issue a notice and give their Local OSHE Committee members to nominate new representative within 14 working days.
9. The committee may invite External Representatives from the relevant expertise or portfolios such as OSH competent persons, and Student Council representative.
10. Chairman, Secretary, Technical Advisors and invited External Representatives are the non-voting members which do not have full member status for the purpose of complying with the provision of Act 514.

### **3.2.5 Local OSHE Committee**

1. The Local OSHE committees operate at the level of Faculties, Centres, Residential Colleges and Other Units.
2. Each committee is chaired by the Head of Local Management.
3. The secretary is a trained Safety and Health Officer.

#### **3.2.4.2 Election of Committee Representatives**

1. The members of the committee consists of TWO (2) major groups of representatives:
  - (a) Management – Department, Management, Unit, Centre and etc;
  - (b) Staff representatives.
2. Each portfolio from management and staff representative shall be represented by at least TWO (2) people that include the head or his authorized senior staff from each department, management, centre, or unit.
3. The role of the Local Committee is to coordinate the compliance of their

local set up with University OSHE policy, objectives, wide procedures and improvements.

4. The other arrangements in this section are similar to the clauses 5 to 10 in the Election of Committee Representative for University OSHE Committee.

### **3.2.6 Functions of the OSHE Committee**

1. The Top Management shall consult the relevant level of OSH committee with a view to the making and maintenance of arrangements which will enable him and his staff to co-operate effectively in promoting, developing measures and in checking the effectiveness of such measures to ensure the safety and health of the work place, and the community.
2. Coordinate and monitor the implementation of the OSH arrangements to ensure it complies with all aspects of safety and health legislation, policy, objectives and procedures as required by university.
3. Carry out analysis on the trends of accidents, incidents, dangerous occurrences, occupational poisoning and diseases.
4. Carry out workplace inspection at least once in every three months.
5. Conduct investigation on any matters on OSH and bring it to the attention of the Vice-Chancellor.
6. Discuss the report of workplace inspection and make recommendation to the Top Management on the remedial control measures.
7. Report to the Top Management of any unsafe or unhealthy condition or practices with recommendation for remedial action.
8. Review the OSHE policy and make recommendations for any revision of such policies.
9. Assist the Top Management to promote a safe conduct of work.
10. The committee would make recommendation and information from time to time to the top management.
11. If the Top Management of Faculties, Centres, Residential Colleges and Units are unable to implement any of the recommendations, an OSH Committee members shall convey his reasons to the Local OSHE committee.
12. If the Local OSHE committee does not agree with the reasons given by the Top Management of Faculties, Centres, Residential Colleges and Units, he must make a request to the University OSHE Committee through The Director of OSHE Unit.
13. If the Local OSHE Committee does not agree with the reasons given by University OSHE Committee, the Local OSHE committee must make a request to the State Director of Occupational Safety and Health to undertake workplace inspection and resolve the matter.

### 3.2.7 Meeting

1. The committee shall meet at least once in three months.
2. The meeting announcement should be circulated among committee members.
3. The quorum for meeting must not be less than half of the representative members (excluding Technical Advisors and External Representatives).
4. The OSHE Committee meeting may be integrated into monthly management meeting.
5. Meeting must be minuted and distributed to all members.
6. Forming a sub-committee to assist the committee in the performance of its functions.
7. The committee may invite any person or competent person who is involved in or has knowledge pertaining to OSH to attend a meeting for discussion (Not complying with OSHA Act 514).
8. The report of meeting at Local OSHE Committee level should be submitted to the Director of OSHE Unit.

### 3.2.8 Relevant Documents

1. Occupational Safety And Health Act 1994:
  - (a) Part VII - Safety and Health Organizations;
  - (b) Section 30: Establishment of Safety and Health Committee at Place of Work;
  - (c) Section 31: Functions of safety and health committee.
2. Malaysia Standard 1722:2011, Clause 3.1.2.
3. OHSAS18001:2007, Clause 4.4.3.

### 3.2.9 Implementation

The description of staff and OSH committee participation shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

### **3.3 Guidelines of Competence, Training and Awareness in OSH**

#### **3.3.1 Purpose**

The purpose of this guideline is to ensure that the staff possesses the necessary mental skills (e.g. knowledge capability), physical preparation, knowledge and attitude to work safely through a combination of education, certification(s), experience, and workplace training.

#### **3.3.2 Scope**

1. This chapter applies to UTM staff and other relevant university community.
2. Training requirements, procedures and arrangements should be appropriate to the organization's OSH hazards or risks.

#### **3.3.3 Responsibilities, Accountabilities and Authority**

1. Top Management shall:
  - (a) Promote and allow the university community to have access to the relevant OSH training and refresher training thereafter;
  - (b) Cover the time off work and costs of training.
2. Staff who intend to attend OSH training must choose the relevant course in consultation with the Director of OSHE Unit.

#### **3.3.4 Procedures**

##### ***3.3.4.1 Prepare OSH Training Matrix***

The OSH Training matrix is a tool to assist the Head of Local Management to compile and identify a list of relevant OSH training modules to equip workers with the skills, knowledge and information to effectively manage hazard exposures during their working day.

##### ***3.3.4.2 Prepare OSH Training Plan***

Prioritize and develop the training modules. (APPENDIX 3C: An example of training plan)

##### ***3.3.4.3 Deliver the Training***

Train the workers in accordance with the training plan and schedule. (APPENDIX 3D: An example of training record)

##### ***3.3.4.4 Evaluation of Training***

1. The purpose is to ensure that the training program fulfils its objectives and

helps the top management determine the amount of learning achieved and whether the staff performance has improved on the job.

2. Training effectiveness should be evaluated before the session completed.
3. There are three effective methods of evaluation:
  - (a) Questionnaires or informal discussions from participants;
  - (b) Supervisor's report regarding staff performance both before and after the training;
  - (c) Frequency of incidents and accidents in the workplace.

### 3.3.5 Relevant Documents

1. Malaysian Standard 1722:2011, Clause 3.2.2.
2. OHSAS18001:2007, Clause 4.4.2.

### 3.3.6 Forms

1. OSH training matrix.
2. OSH training plan. (Appendix 3C)
3. OSH training record. (Appendix 3D)

### 3.3.7 Record Keeping

Title	Location	Person in-charge	Retention period
OSH training matrix			
OSH training plan			
OSH training record			

### 3.3.8 Implementation

Training of OSH Guidelines shall be implemented through university manual booklets, relevant notice boards, university intranet and website.



## **CHAPTER 4.**

### **Managing Hazards and Risks**

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**Hazards Management  
HIRARC Procedure  
Guidelines**

**Hazard Identification,  
Risk Assessment  
and Control  
(HIRARC)  
Procedure**

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## 4.1 Hazards Management

### 4.1.1 Purpose

This chapter describes the commitment and responsibilities of Universiti Teknologi Malaysia (UTM) to the hazards management in providing safe and healthy environment for the university community.

### 4.1.2 Scope

This chapter principally confines responsibilities for all staff members and also applicable to all occupational endorsed activities, commercial, premises, planning and design of facilities which are managed and occupied by university community wherever their locations are.

### 4.1.3 Objectives

Hazards management is an essential element in OSH prevention program. Therefore, the Head of Local Management must integrate this management with the areas and activities under their control within their responsibilities on daily basis. The objectives of hazard management focus on:

1. Developing, publishing and maintaining procedures for the Hazard Identification, Risk Assessment and Risk Control (HIRARC) for new, existing and proposed elements;
2. Allocating resources for the implementation of HIRARC;
3. Determining responsibilities and monitor for the implementation of HIRARC and related procedures;
4. Developing and conducting HIRARC training sessions for Faculties, Centres, Residential Colleges and other units;
5. Monitoring and evaluating the HIRARC performance for effectiveness, efficiency and continuous improvement.

### 4.1.4 Responsibilities, Accountabilities and Authority

#### 4.1.4.1 Top Management

Ultimately responsible for the objectives and is accountable for its performance.

##### 4.1.4.1 The Director of OSHE Unit

1. Develops, implements, maintains and updates all university wide-procedures.
2. Publicises the existence of this procedure to the university community.
3. Develops and conduct training sessions for Faculties, Centres, Residential

Colleges and other units.

4. Advises or assists the Head of Local Management and related university community in the implementation of the objectives and related procedures.

#### **4.1.4.2 Head of Local Management**

1. Attends training sessions in relation to hazard management.
2. Develops, establishes, implements and maintains the hazards management procedures in accordance with the size, nature and facilities of operation or activities under their control and responsibilities.
3. All development and implementation of the procedures shall comply with university objectives and procedures.
4. Organises and supervises, in accordance with the objectives and related procedures.

#### **4.1.4.3 OSHE Committee Representatives**

1. Attend training sessions in relation to hazard management.
2. Ensure the implementation of hazards management program by the Faculties, Centres, Residential Colleges and other units comply with the university objectives and related procedures.

#### **4.1.4.4 Contractors**

Notify details of the hazards and risks control measures in relation to their activities; they shall comply with the risk control measures specified by the university that apply to their activities.

#### **4.1.5 Provisional of Laws and Guidelines**

1. Occupational Safety and Health Act 1994 and subordinate regulations.
2. Guidelines on Hazard Identification, Risk Assessment and Risk Control.
3. Malaysian Standard 1722:2011, Clause 3.3.3.
4. OHSAS 18001:2007, Clause 4.3.1.

#### **4.1.6 Related Documents**

1. HIRARC Guidelines.
2. HIRARC Procedure.

#### **4.1.7 Implementation**

The Hazards Management shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

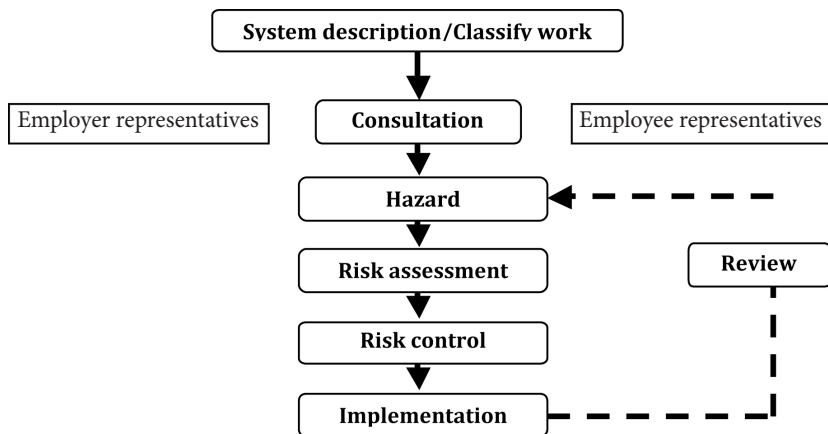
## 4.2 HIRARC Procedure Guidelines

### 4.2.1 Training for HIRARC

The purpose is to provide university community with the skills and knowledge to perform their work in a manner that is safe and healthy without risks. It enables them to:

1. follow health and safety procedures;
2. use risk controls set in place for their protection;
3. have an appreciation of the nature of the hazard, the risks associated with their use, and the reason why risk controls are used;
4. Head of Local Management, OSHE Representatives and other relevant staff who may be required to perform risk assessments by agreement with management, shall be trained in HIRARC methods;
5. They must be trained in the risk assessment process and be familiar with:
  - (a) The Regulations associated with the hazards;
  - (b) Have a practical understanding of the work hazards;
  - (c) Consult with the OSHE Representatives.

### 4.2.2 Structured Process of HIRARC Procedure



(Source: Ministry of Human Resources Malaysia. 2008.  
*Guidelines for Hazard Identification, Risk Assessment and Risk Control*)

**Figure 4.1** Flowchart of HIRARC process

### 4.2.3 HIRARC Procedure

#### 4.2.3.1 FIRST STEP: System Description/Classify Work Activities

1. Select an area, facilities, processes, task or activity:
  - (a) Where hazards appear to pose significant threat;
  - (b) Uncertain whether existing controls are adequate;
  - (c) Before implementing corrective or preventive measures, or/and;
  - (d) For continuous improvement.
2. Priority area is based on:
  - (a) Past experience of incidents, complaints, injury or diseases;
  - (b) Staff concerns;
  - (c) Legislative, policy, objectives and procedures requirements;
  - (d) Requested or recommended by various Safety and Health Committee, etc.

#### 4.2.3.2 SECOND STEP: Hazard Identification

1. Purpose: to highlight the critical operations of tasks, that pose significant risks to the health and safety of employees as well as highlighting those hazards pertaining to certain equipment due to energy sources, working conditions or activities performed.
2. Types of hazard: Safety, health and environmental hazards.
3. Sources of gathering information:
  - (a) Records, documents and publications review;
  - (b) Complaints and comments;
  - (c) Inspection and observation at the workplace;
  - (d) Measurement of environmental or health surveillance monitoring – noise, heat, radiation, air contaminants, chemicals, biological monitoring, etc;
  - (e) Hazard Analysis - Job Safety Analysis (JSA), Hazards and Operability Studies (HAZOP), Fault Tree Analysis, other employer reports, studies tests and etc.;
  - (f) Reports of accidents, accident investigation and audits;
  - (g) Information from publications: Acts, Regulations and Codes of Practice, (h) Statistics, Handbooks, Manual Safety Data Sheet (MSDS);
  - (h) Any other relevant information;

4. Describe associated risk and its specific circumstances for each identified hazard;
5. Number of persons potentially exposed.

#### 4.2.3.3 THIRD STEP: Risk Assessment

1. Determine existing control measures (if any) for each hazard.
2. There are 2 determinants of risk assessment of hazard:
  - (a) Severity.
  - (b) Frequency.
3. Determine the rate of likelihood (frequency) and severity (consequence) of hazards. (Refer to guidelines of severity and frequency rating in clause 4 below).

**Table 4.1** Rating of Likelihood and Severity

	Very likely	Likely	Unlikely	Very unlikely
Likelihood				
	Extreme	Major	Moderate	Minor
Consequence				

(Source: Ministry of Human Resource, Malaysia. 2008.  
*Risk Management: Hazard Control Form AON/RM1*)

4. Guidelines of likelihood and severity rating:
  - (a) Severity.

**Table 4.2** Severity rating

Severity (S)	Description	Rating
Catastrophic	Numerous fatalities, irrecoverable property damage and productivity	5
Fatal	Approximately one single fatality major property damage	4
Serious	Non-fatal injury, permanent disability	3
Minor	Disabling but not permanent injury	2
Negligible	Minor abrasions, bruises, cuts, first aid type injury	1

(Source: Ministry of Human Resource, Malaysia. 2008.  
*Guidelines for Hazard Identification, Risk Assessment and Risk Control*)

(b) Likelihood.

**Table 4.3** Likelihood rating

Likelihood (L)	Description	Rating
Most likely	The most likely result of the hazard / event being realized	5
Possible	Has a good chance of occurring and is not unusual	4
Conceivable	Might occur some time in future	3
Remote	Has not been known to occur after many years	2
Inconceivable	Is practically impossible and has never occurred	1

(Source: Ministry of Human Resource, Malaysia. 2008.  
*Guidelines for Hazard Identification, Risk Assessment and Risk Control*)

3. Determine the Relative Risk:

**Relative Risk = Likelihood (L) x Severity (S)**

4. Matrix table

To use this matrix, first find the severity column that best describes the outcome of risk. Then follow the likelihood row to find the description that best suits the likelihood that the severity will occur. The risk level is given in the box where the row and column meet (Table 4.4).

**Table 4.4** Assessment of risk priority levels based on likely severity and probability of harm

Likelihood (L)	Severity (S)				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

(Source: Ministry of Human Resource, Malaysia. 2008.  
*Guidelines for Hazard Identification, Risk Assessment and Risk Control*)

Indicator of risk levels:      High       Medium       Low 

5. Appropriate response or action of each risk level:

**Table 4.5** Guide to appropriate response

Risk rank Response	Risk level	Risk Rank Response
15 - 25	HIGH	Immediate action to control the hazard.
5 - 12	MEDIUM	Requires a planned approach to controlling the hazard and applies temporary measure if required.
1 - 4	LOW	Considered as acceptable and further reduction may not be necessary.

(Source: Ministry of Human Resource, Malaysia. 2011.

*Guidelines on Occupational Safety and Health Management System (OSHMS))*

- The relative risk value can be used to prioritize necessary actions to effectively manage work place hazards. Table 4.5 determines priority based;
- Documented control plans with responsibilities and completion dates are required for “HIGH RISK” and “MEDIUM RISK”.

#### **4.2.3.4 FOURTH STEP: Risk Control**

1. Principle of risk control

Hazards should be controlled at their source. A control that is closer to the source of the hazards is better. Hazards are often controlled along the path to the worker at the level of the worker although this is the least desirable control.

2. The selection of type of risk control is based on:

- short and long term controls;
- short-term measures are implemented until permanent controls can be put in place; and
- long term controls are implemented as far as reasonably practicable.

3. Type and Hierarchy of Control Strategies of risk control, refer to Table in Appendix 4B.

#### **4.2.3.5 FIFTH STEP: Fill the HIRARC Form**

- HIRARC Report Form for documentation.
- Each HIRARC must be fully documented.
- The HIRARC form must be completed by the HIRARC team and signed by the personnel in charge of that area.
- Instructions to fill the HIRARC form:

- (a) Use a single form for each work process;
- (b) Record the names and designation of HIRARC team members;
- (c) Outline the process workflow and indicate in the form under 'process/ location column;
- (d) List all activities ( routine and non-routine) for each work process under the "Work Activity" column;
- (e) Identify the hazards associated with each activity and record in "Hazard" column;
- (f) Determine the effect of each hazard identified and record in "Effect" column;
- (g) Record any existing hazard control measures;
- (h) Determine severity (S) from Table 1 and likelihood (L) from Table 2 for each hazard;
- (i) Assign "Relative Risk" value in respectively column;
- (j) Take into consideration the existing control measures while determining (L) and (S);
- (k) Assign "Risk level"(see Table 4.6);
- (l) Recommend appropriate action (see Table 4) (Based on the "Risk level" of each hazard);
- (m) Implement the recommended risk control and indicate the follow up action date and status;
- (n) Review HIRARC for every three years or whenever there are changes in the process or activities.

#### **4.2.3.6 SIXTH STEP: Monitoring Control**

The risk control shall be monitored or evaluated regularly during inspections, routine maintenance, and other activities to ensure its effectiveness.

#### **4.2.3.7 SEVENTH STEP: Documentation**

Heads of Local Management shall:

- 1. ensure that effective and timely controls are applied to the hazards and communicating the results back to the originator;
- 2. endorse and approve the HIRARC results;
- 3. communicate all HIRARC to employees, monitor the follow up action and keep the records; and
- 4. maintain and retain all records of assessments for at least 3 years.



### **4.3 Hazard Identification, Risk Assessment and Control (HIRARC) Procedure**

#### **4.3.1 Purpose**

The purpose is to describe the outline of minimal standard procedures for the HIRARC of safety and health in the workplace.

#### **4.3.2 Scope**

This procedure is confined to:

1. the existing tasks or activities, materials, substances, work process, equipment, facilities, buildings, environment, organization and individuals, etc; and
2. the workplace changes that may affect the safety and health of university community prior to their implementation.

#### **4.3.3 Procedures**

##### ***4.3.3.1 Existing Tasks or Activities, Materials, Substances, Work Process, Equipment, Facilities, Buildings, Environment, Organization and Individuals***

In consultation with the Director of OSHE Unit, the task is to develop a schedule and conduct at least once a year of HIRARC reviews, and document the results on a HIRARC Report form (Appendix 4A).

##### ***4.3.3.2 New Plant or Substance***

Prior to implementation, all faculties, centres, residential colleges and other units shall:

1. comply with the Occupational Safety and Health's Workplace Changes Procedure for workplace changes;
2. complete a checklist; and
3. conduct a HIRARC review and document the results on a HIRARC Report form. (Appendix 4A)

##### ***4.3.3.3 Other New Workplace Changes***

1. In consultation with relevant staff, the task is to determine whether the changes may affect the safety and health of any individual worker.
2. If a potential risk impact is identified, conduct a HIRARC review and document the results on a HIRARC Report form.
3. Refer to the documentation of Workplace Changes Procedure for any other requirement.

#### **4.3.3.4 Implement Risk Control Measures**

Refer to Appendix 4B.

#### **4.3.3.5 Summary of Hazard/Near-miss Report Submission**

Each faculty, centre, residential college and Unit shall submit the Quarterly and Annual Summary HIRARC Report Form to the Director of OSHE Unit.

#### **4.3.3.6 Record Keeping**

Each faculty, centre, residential college and unit shall keep HIRARC reports with a result of implemented risk control measures for registry, inspection and internal or external auditing.

### **4.3.3 Related Documents**

1. Hazards management.
2. HIRARC guidelines.
3. Workplace Changes Procedure.

### **4.3.4 Forms**

1. HIRARC Report Form. (Appendix 4A)
2. Annual Summary HIRARC Report.
3. Quarterly Summary HIRARC Report. (Appendix 2D)

### **4.3.5 Record Keeping**

	TITLE	FILE/FORM No.	LOCATION	PERSON IN CHARGE	MINIMUM RETENTION PERIOD
1.	HIRARC Report Form				
2.	Annual Summary HIRARC Report				
3.	Quarterly Summary HIRARC Report				

### **4.3.6 Implementation**

The HIRARC procedures shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## **CHAPTER 5**

### **Incidents, Accidents and Emergencies**

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**Management of  
Incidents, Accidents  
and Emergencies**

**Guidelines of Hazard,  
Incidents and  
Accidents  
Reporting and  
Resolution  
Procedure**

**Hazard, Incidents  
and Accidents  
Reporting and  
Resolution  
Procedure**

**Emergency Response  
Plan (ERP)  
Procedures**

**First Aid Plan  
Procedure**

**Pre-hospital  
Emergency Care  
Procedures**

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## **5.1 Management of Incidents, Accidents and Emergencies**

### **5.1.1 Purpose**

The purpose is to provide arrangements for the management of incidents, accidents and emergencies within the scope of the university OSH policy and objectives.

### **5.1.2 Scope**

This description applies to the incidents, accidents and emergencies that are related to university community whilst present in any premises or facilities owned, occupied or managed by Universiti Teknologi Malaysia; or as a result of any university endorsed activity wherever its location is.

### **5.1.3 Objectives**

Universiti Teknologi Malaysia shall:

1. assign responsibilities for the implementation of objectives and related procedures;
2. allocate resources;
3. develop, establish, and maintain the procedures for:
  - (a) Incident and Accident Reporting and Investigation;
  - (b) Emergency Response Plan (ERP);
  - (c) Appropriate pre-hospital care for injury and illness;
  - (d) Corrective actions.
4. conduct training programs for Head of Local Management, relevant staff, Emergency Response Team (ERT), and First-Aiders;
5. inform and publish the procedures for incidents, accidents and emergency responses to the university community;
6. monitor and evaluate the implementation and performance of objectives and related procedures for continual improvement.

### **5.1.4 Responsibilities, Accountabilities and Authority**

#### **5.1.4.1 Head of Local Management**

1. Ultimately responsible for the objectives, specific resource allocations and is accountable for the performance of appropriate incident, accident and emergency management measures in their area;
2. Attend training in relation to incident, accident and emergency procedures;
3. In consultation with the Director of OSHE Unit, University Incident Commander

and Local OSHE Committee, to nominate the First-Aiders and ERT in their area;

4. In consultation with the University Incident Commander, Local ERT, First Aiders and staff, to develop, establish and implement the incident, accident investigation and reporting the emergency procedures in accordance with their local set up;
5. All development and implementation of the local procedures shall comply with university objectives and related procedures;
6. Develop the training systems for university community (including new staff) which is under their control;
7. Periodically monitor the performance of objectives and related procedures.

#### ***5.1.4.2 The Director of OSHE Unit/University Incident Commander***

1. Develop, establish and maintain the university-wide procedure of incident, accident and emergency.
2. Conduct training for the Head of Local Management, relevant staff, ERT and First-Aiders.
3. Advise or assist the Head of Local Management, relevant staff, ERT, and First-Aiders for the implementation of objectives and related procedures.

#### ***5.1.4.3 The University Community / Emergency Response Committee***

All staff, contractors, students, and visitors shall comply with the relevant requirements and arrangements of objectives and related procedures.

#### ***5.1.4.4 University First Aiders and ERT***

1. Responsible to implement the relevant local procedures accordancely.
2. Attend training in relation to these objectives and procedures.

#### ***5.1.4.5 OSHE Committee/Emergency Response Committee***

Ensure the effectiveness, efficiency of the performance and continual improvement.

### **5.1.5 Provision of Laws and Guidelines**

1. Occupational Safety and Health Act 1994.
2. Factories and Machinery Act 1967.
3. Malaysian Standard 1722:2011, Clause 3.3.4, 3.4.2.
4. OHSAS 1800:2007 Clause 4.4.7, 4.5.3.1.

#### **5.1.6 Related Documents**

1. Incident and Accident Procedure.
2. Incident and Accident Reporting Procedure.
3. Incident and Accident Investigation Guidelines.
4. Emergency Management Procedure.
5. First Aid Plan procedure.
6. Pre Hospital Emergency Care.

#### **5.1.7 Implementation**

The Incident, Accident and Emergency Management shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## **5.2 Guidelines of Hazard, Incidents and Accidents Reporting and Resolution Procedure**

### **5.2.1 Purpose**

To outline the report procedure of OSH issues as identified by staff in relation to their work.

### **5.2.2 Scope**

This procedure applies to all staff of UTM and activities associated with the work of staff.

### **5.2.3 Responsibilities, Accountabilities and Authority**

#### ***5.2.3.1 Head of Local Management***

Responsible for the resolution of occupational safety and health issues reported to them by staff under their control.

### **5.2.4 Procedures**

1. Refer to Appendix 5B.
2. Staff shall report all hazards or incidents (Near-Miss) direct to their Head of Local Management.
3. If the risk of the issue is moderate or severe, the Head of Local Management in consultation with Local OSHE committee and staff shall take immediate corrective action.
4. If the risk is low, no immediate action is needed for corrective action.
5. The Head of Local Management shall detail in writing the issue relating to its resolution on a HIRARC Report Form.
6. If the above attempts are unsuccessful, the Head of Local Management in consultation with the Director of OSHE unit shall contact the relevant expertise, OSH competent person. They shall meet as soon as is reasonably possible and try to resolve the issue. They must consider:
  - (a) the number and location of staff affected;
  - (b) whether appropriate temporary measures are possible;
  - (c) the time that may elapse before the issue is permanently resolved;
  - (d) who on behalf of UTM is responsible for performing and overseeing any action agreed necessary to resolve the issue; and
  - (e) the details of resolution are communicated to all staff concerned including members of Local OSHE committee and University OSHE committee.



7. If the Head of Local Management and OSH competent person fail to reach an agreement of resolution or the issue has not been satisfactorily resolved, the Head of Local Management shall report the issue to the Director of OSHE Unit.
8. The Director of OSHE unit may:
  - (a) refer the issue to University OSHE Committee;
  - (b) issue a Non Conformance Notice Form.

#### **5.2.5 Related Documents**

1. HIRARC Management.
2. HIRARC Procedure.
3. HIRARC Guidelines.
4. OSH Reporting and Resolution Procedure. (Appendix 5A)

#### **5.2.6 Implementation**

The Guidelines of OSH Reporting and Resolution Procedure shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

### **5.3 Hazard, Incidents and Accidents Reporting and Resolution Procedure**

#### **5.3.1 Purpose**

1. This chapter describes the steps to be taken when confronted with an incident and accident.
2. The aims are to:
  - (a) fulfill the objective requirements as stated in clause 5.1.3, The Incident, Accident and Emergency Management;
  - (b) ensure university compliance with relevant requirements of Occupational Safety and Health Act 1994 and other relevant Acts.
3. The procedures in this description should be read together with the ERP procedure and First Aid Plan procedure.

#### **5.3.2 Scope**

The description applies to university community of Universiti Teknologi Malaysia involved in any accident as a result of any occupational, commercial, educational, or university-endorsed activity in any building or facility owned, occupied or managed by the university wherever its location is.

#### **5.3.3 Responsibilities, Accountabilities and Authority**

##### ***5.3.3.1 Head of Local Management***

1. In consultation with the Director of OSHE Unit, Local OSHE Committee, First Aiders, ERT and staff to develop, establish, and implement, the incident and accident procedures in accordance with local set up.
2. All development and implementation of the local procedures shall comply with the university objectives and related procedure of Incident, Accident and Emergencies Management.
3. Monitor and evaluate the performance of this procedure.

##### ***5.3.3.2 The Director of OSHE Unit***

The unit is responsible for:

1. Maintaining and updating the university-wide procedures of incident and accident.
2. Assisting the Head of Local Management, relevant staff, First Aiders, ERT to comply with the university objectives and related procedure.

**5.3.3.3 University Community**

University community is responsible for the initial management of incidents and accidents at the scene they witness regardless either emergency or non-emergency situation.

**5.3.3.4 University First Aiders**

The First Aiders are responsible for implementing First Aid Plan procedure at the scene.

**5.3.3.5 ERT**

ERT personnel are responsible for implementing ERP procedure at the scene.

**5.3.4 Provisional of Laws and Guidelines**

1. Occupational Safety and Health Act 1994.
2. Factory Machinery Act 1967.
3. Malaysian Standard 1722:2011, Clause 3.4.2.
4. OHSAS 1800:2007 Clause 4.5.3.1.

**5.3.5 Related Documents**

1. Management of Incident, Accident and Emergency.
2. Guidelines of OSH Reporting and Resolution Procedure.
3. Hazard, Incident and Accident Reporting Procedure.

**5.3.6 Forms**

1. Hazard/Incident/Accident Report. (Appendix 5B)

**5.3.7 Record Keeping**

Title	File No.	Location	Person in Charge	Minimum period of retention
Hazard/Incident/Accident report				

**5.3.8 Implementation**

This procedure shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## **5.4 Emergency Response Plan (ERP) Procedures**

### **5.4.1 Purpose**

The purpose of this document is to establish an emergency management procedure by:

1. assigning responsibilities for Emergencies Response Plan (ERP);
2. providing the emergency procedures at all levels of ERP that required for specific local areas in each academic/administrative centre to prepare adequately the emergency procedures; and
3. managing the minimum evacuation practice requirements for each building.

### **5.4.2 Scope**

The following emergency procedure in this document applies to the university community, all premises or facilities owned, occupied or managed by the university wherever the locations are.

### **5.4.3 Responsibilities, Accountabilities and Authority**

#### **5.4.3.1 Head of Local Management**

1. Nominate Chief of Local Incident Commander and their Deputies as appropriate and submit the names to the Emergency Response Committee for approval and record.
2. In consultation with University Incident Commander, Chief of Local ERP Incident Commander and their Deputies must develop, establish and implement the local set up of ERP Procedure including Local Emergency Instructions.
3. In consultation with University Incident Commander, Chief of Local ERP Incident Commander and their Deputies must identify suitable Assembly Points for evacuations.
4. All development and implementation of ERP Procedure must comply with the requirements and arrangements of university objectives and related procedures.
5. Ensure that ERT personnel have been provided with color-coded helmets and/or vests (University/Chief of Local Incident Commander: White; and Deputies Incident Commander: Yellow).
6. All changes to ERT personnel are communicated to the University Incident Commander and Emergency Response Committee.
7. In consultation with Local ERT, training or drill is organized and conducted within their "Area Responsibility" for the implementation of the Local Emergency Instructions.

8. Relevant university community in their “Area Responsibility” shall participate in the emergency training.
9. Monitor and evaluate the implementation and performance of the Local Emergency Instructions, from Evacuation Drill Reports, and reporting yearly to the University Incident Commander on the implementation, with suggestions for improvements.

#### **5.4.3.2 ERT Personnel**

They are responsible for:

1. implementing a set of Local Emergency Instructions for each of the areas and activities they control, as appropriate;
2. assuming responsibility for their areas and community during emergencies;
3. keeping up-to-date Local Emergency Instructions in their area;
4. conducting at least one evacuation drill per building per year in their “Area Responsibility”, and documenting the details in accordance with the Evacuation Drill Report;
5. If there is overlapping in “Area Responsibilities”, the choice of ERT Personnel should primarily be guided by personal characteristics and availability rather than by considerations related to organisational or reporting structure.

#### **5.4.3.3 The University Incident Commander**

He is responsible for:

1. Submitting the nominated names to the University Emergency Response Committee for approval;
2. Monitoring the implementation of this procedure and related documents in accordance with the University Incident, Accident and Emergency Management;
3. Conducting training and advice for the implementation of this procedure within “Area Responsibility”.

#### **5.4.3.4 University Community**

1. All staff members, students, contractors and visitors must be familiar and comply with the instructions in their Local Emergency Instructions, or given by ERT Personnel.
2. In case the media seek comments regarding the emergency, staff must refrain from commenting, and must direct enquiries to the Head of Local Management or University Top management or Public Relations Office.

#### **5.4.3.5 The Director of Asset and Development**

He is responsible for providing and updating emergency physical facilities either routinely or upon request from the Head of Local Management.

#### **5.4.4 Emergency Evacuation Procedure**

##### **5.4.4.1 Local Emergency Instructions**

Local Emergency Instructions must:

1. address the risks of fire and serious injury;
2. identify any other emergency situations relevant to the area;
3. list the steps to be followed in each case, including the method to be used to initiate an evacuation of the building;
4. make special provision for the evacuation of people with disabilities, if applicable to the area; and
5. be consistent with the University's model "General Emergency Instructions". (Appendix 5C)

##### **5.4.4.2 Emergency Floor Plans**

At least one Emergency Floor Plan signage must be displayed on each floor of each building. The display shall show the:

1. Name or code of the building;
2. Floor level;
3. Location of the plan itself (e.g. "You are here") on the particular floor;
4. Emergency exits;
5. Location of fire fighting equipment;
6. Location of any break-glass alarm;
7. Location of first aid kit;
8. Local Emergency Instructions displayed adjacent to the floor plan.

#### **5.4.5 Provisional of Laws and Guidelines**

1. Occupational Safety and Health Act 1994.
2. Factories and Machinery Act 1967.
3. Malaysian Standard 1722:2011, Clause 3.3.4.
4. OHSAS 1800:2007 Clause 4.4.7.

#### **5.4.6 Forms**

1. General Emergency Instructions.(Appendix 5C)
2. Emergency Area Responsibilities Record. (Appendix 5D)
3. Emergency Response Personnel Record. (Appendix 5E)

## 4. Evacuation Drill Report. (Appendix 5F)

**5.4.7 Record Keeping**

	Title	File No.	Area Responsibility	Person in Charge	Minimum Retention Period
1	Emergency Area Responsibilities Record				
2	Evacuation Drill Report				
3	Emergency Response Personnel Record (First-aider(s) included)				
4	Evacuation Drill Report				
5	Local Emergency Instructions				

**5.4.8 Implementation**

These ERP procedures shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## 5.5 First Aid Plan Procedure

### 5.5.1 Purpose

1. To describe the arrangements of adequate first aid services in case of injury or illness.
2. These arrangements, to be read in conjunction with:
  - (a) Incidents and Accidents Management Procedure; and
  - (b) Emergency Management Procedure.
3. The aims are to:
  - (a) comply with relevant occupational health and safety legislation, common law, regulations and public expectations regarding the duty of care owed to injured or ill people; and
  - (b) meet the University OHSE Policy requirements and objectives of Incidents, Accidents and Emergency Management.

### 5.5.2 Scope

This description applies to the incidents, accidents and emergencies that are related to university community whilst present in any premises or facilities owned, occupied or managed by Universiti Teknologi Malaysia; or as a result of any university endorsed activity wherever the locations are.

### 5.5.3 Responsibilities

#### 5.5.3.1 The Vice-Chancellor and Head of Local Management

He is responsible for:

1. appointing adequate numbers of University First Aiders and maintaining over time in their area of responsibility (Refer Table 1);
2. releasing the University First Aiders for training as coordinated or approved by the Director of OSHE Unit; and
3. the cost of training.

#### 5.5.3.2 The Director of OSHE Unit

He is responsible for:

1. maintaining and updating this procedure;
2. developing and conducting training programs required by Head of Local Management, Supervisors, Managers and University First Aiders;
3. assisting faculties, centres, residential colleges, and other units in complying



with this procedure; and

4. maintaining the record of University First Aiders.

#### **5.5.3.3 The University Health Centre**

University Health Centre is responsible for:

1. the Hepatitis B vaccination program for University First Aiders;
2. providing an ambulance support;
3. a minor center for definitive care;
4. providing medical oversight for University First Aiders; and
5. providing medical or para-medical personnel.

#### **5.5.3.4 University First Aiders**

The First Aiders are responsible for:

1. complying with the provisions of the Incident, Accident and Emergency Management;
2. reporting to the Director of OSHE Unit any condition that may prevent them from performing their duties properly and safely;
3. attending the training program for the maintenance and development of their competency;
4. checking periodically the contents and condition of first aid kits and sickbay room in their area;
5. ordering first aid contents from University Health Centre by using the First Aid Order Form;
6. hepatitis B vaccination; and
7. providing their first aid qualifications upon request.

### **5.5.4 Procedure**

#### **5.5.4.1 First Aid Services**

1. The development and establishment of the First Aid services are based on:
  - (a) type of operation/services;
  - (b) number of workers;
  - (c) number of work shifts;
  - (d) location of workplace and status of infrastructure; and
  - (e) accessibility to University Health Centre, external medical clinics or hospitals.

#### 5.5.4.2 University First Aiders

1. Selection criteria of recruitment include:

- (a) mature and responsible;
- (b) physically and mentally fit;
- (c) free to leave their work immediately to respond to an emergency;
- (d) remain calm in emergency; and
- (e) no blood borne infectious diseases, e.g. Hepatitis B, HIV/AIDS.

2. Qualification

Fulfill an Intermediate course (level 2) of Emergency Medical Course.

3. Course training:

- (a) must be recognized by the Director of OSHE Unit;
- (b) must award first-aid certificate valid for three (3) years except for hazardous industries where the validity is for only one year; and
- (c) keep up to date records of training and the dates on which they received refresher training.

**Table 5.1** Recommended number of first aiders at workplace

Risk level	Number of workers	Number of first aiders
Low risk hazards (e.g. office)	Less than 20	One (1)
	21 – 150	Two (2)
	More than 150	Two (2) for every 150 workers or part thereof.
High risk hazards (e.g. Laboratory, workshop)	Less than 20	Two (2)
	20 and more	Two (2) for every 20 worker or part thereof.
	More than 400 workers	Two (2) for every 150 workers in addition a registered nurse or medical assistant must be employed on site.

(Source: Ministry of Human Resources. 2004. *Guidelines on First-Aid in Workplace*)

4. Number of first aiders

When determining the appropriate number of University First Aiders, consideration must be given to the risk level of hazard (Refer to Table 1).

5. Maintenance of Treatment Record (Refer to injury report)

A record of the casualty and treatment given by the first-aider should be made and kept by the OSH E Unit for a period of five years. The record should include information on:

- (a) the immediate treatment;
- (b) details about the incident/accident including information about the work;
- (c) process involved;
- (d) details about injury or work-related illness;
- (e) any referral arrangements made, e.g. usage of local ambulance service;
- (f) referral to local hospital; and
- (g) subsequent casualty management.

#### 5.5.4.3 First Aid Facilities

##### 1. Effective First-aid communication:

- (a) University community should be informed at all times through signage, calling card, and pamphlets, etc;
- (b) 24-hours telephone service should be established to ensure the nearest first-aiders on duty are contactable, identifiable where, when and how to get help in a minute; and
- (c) the billboard signage or emergency telephone should be located accessible at strategic places, such as:
  - (i) faculties include lecture rooms;
  - (ii) hazardous areas e.g. lab, roads and ponds; and
  - (iii) public concern e.g. public cafeterias, administrative buildings, sport centers and colleges.



Figure 5.1 First Aid signage

## 2. First-aid box

### (a) Design:

- (i) should be made of sturdy material and be portable so that it is easier and convenient to be taken to the site of an incident; and
- (ii) The boxes should also be clearly written with “First Aid Box” and marked with Red Crescent logo.

### (b) Location:

- (i) should be placed in a clearly identifiable, well illuminated and accessible location; and
- (ii) in a large area, the number of first-aid boxes should be adequately provided.

### (c) Security

The box should be kept locked and the key thereto kept by responsible person available during all working hours [section 38 (iii) Factories and Machinery Act 1967 (Safety, Health and Welfare) Regulations].

### (d) Communication

The employees should be informed of the location of all first aid boxes.

Checklist of first aid materials should be included in the box.

### (e) Contents

Contents should be sufficient in terms of quantity and suitability of first-aid materials as required by Factories and Machinery Act 1967. Any kind of other than those required for first-aid treatment is not allowed.

## 3. First-aid room or sick bay

Facilities in the room are:

### (a) Design

- (i) Should be set up if the numbers of workers are more than 150 at a time;
- (ii) The room - large enough to hold a couch and space for people to move about;
- (iii) Emergency lighting in the room;
- (iv) Signage is clearly identified as a first-aid room;
- (v) Floors should be of non-slip material;
- (vi) Privacy must be ensured, by obscuring windows if necessary;
- (vii) Temperature and humidity should be maintained at a comfortable level.

### (b) Location

Criteria to select the location of first-aid room include:

- (i) accessible to work areas;
- (ii) accessible to car park, so as to facilitate transfer of the injured person to an ambulance;
- (iii) proximity to shower for cleaning or decontamination purposes; and
- (iv) proximity to lifts and main passage ways which are wide enough to allow a stretcher or wheelchair through.

(c) Facilities

The following should be provided in a first-aid room:

- (i) First aid box;
- (ii) Sink with tap water;
- (iii) Antiseptic hand wash soap;
- (iv) Paper towels;
- (v) An examination/treatment couch with pillow & blanket;
- (vi) Portable stretchers;
- (vii) Splints (upper & lower limbs);
- (viii) Disposable plastic apron;
- (ix) Separate disposable waterproof waste bag/basket for hazardous & non-hazardous materials;
- (x) Spinal immobilization equipment (cervical collar, spinal board);
- (xi) Torch light;
- (xii) Chairs for waiting room;
- (xiii) Cupboard for storing first aid equipment (as in the first aid box) for top up purposes.

### 5.5.5 Provisional of Laws and Guidelines

1. Section 15(1) of the Occupational Safety and Health Act 1994 (Act 514).
2. Factories and Machinery Act 1967 (Act 139): Section 25, Regulation 38 and Regulations 1970.
3. Malaysian Standard 1722:2011, Clause 3.3.4.
4. OHSAS 1800:2007 Clause 4.4.7.

### 5.5.6 Related Documents

1. Emergency Management Procedure.
2. Incident and Accident Reporting Procedure.

### 5.5.7 Forms

1. Hazard, Incident and Accident report. (Appendix 5B)
2. First Aider Nomination. (Appendix 5G)
3. First Aid report. (Appendix 5H)
4. First Aider record. (Appendix 5I)
5. First Aid Order.

### 5.5.8 Record Keeping

	Title	File No.	Location	Person in Charge	Minimum period of retention
1.	First Aider Nomination				
2.	First Aid Order				
3.	Hazard/Near-miss/ Accident report				
4.	Disease report				
5.	First Aid report				
6.	First Aider record				

### 5.5.9 Implementation

First Aid Plan Procedure shall be implemented through university manual booklets, relevant notice boards, university intranet and website.

## **5.6 Pre-hospital Emergency Care Procedures**

### **5.6.1 General Duty of the Staff**

#### **5.6.1.1 Accidents, Injuries or Illnesses**

In all cases of incidents and accidents, the duties of the staff include:

- (a) preserving the safety and health of university community;
- (b) assisting injured or ill person includes giving basic life support (if available);
- (c) obtaining help from University First Aiders, Medical or Para-medical personnel;
- (d) not lifting or moving the patient until relieved by University first aider or higher qualification of medical or para-medical personnel; and
- (e) Preserving relevant evidence for any investigation.

#### **5.6.1.2 Incident or Near-Miss or Material Damage Only**

In case of no injury or illness, the staff present at the scene must take all reasonable steps to ensure that the incident or accident does not recur or worsen.

### **5.6.2 General Duty of the University First Aider**

#### **5.6.2.1 Accidents, Injuries or Illnesses**

In case of any injury or illness at the scene, the University First Aider:

- (a) Shall organize and control of the situation;
- (b) As far as practicable, do prompt Pre-Hospital Care to the casualty as an injured or ill person;
- (c) In case of life-threatening injury or illness and there is any possibility that the casualty may still be alive, First Aiders shall apply appropriate Pre-Hospital Emergency Medical Intervention until relieved by Medical or Para-medical personnel. An ambulance must be called immediately;
- (d) If the injured or ill patient is conscious, the First Aider will determine the following options of action:
  - (i) Making casualty comfortable and allowing them to rest;
  - (ii) Allowing casualty to self-administer treatment if they suffer from a diagnosed condition and carry appropriate medication;
  - (iii) Advising casualty that they should seek examination by a medical practitioner;
  - (iv) Making use if necessary of first aid equipment supplied by the University;
  - (v) Transporting casualty to an appropriate medical service for prompt (but non emergency) attention; and calling an ambulance (emergencies);

- (vi) If, a casualty needs to be transported to an off-campus medical facility for prompt attention, the First Aider may organize transport;
- (vii) Ambulances or University vehicles should be used in preference to private vehicles;
- (viii) If a casualty insists on leaving the accident scene by their own means, the First Aider will accompany a casualty to an appropriate medical facility;
- (ix) A University First Aider monitors a casualty situation and provides any necessary assistance during transportation.
- (e) In all cases where a casualty is unconscious, an ambulance shall be called, as far as practicable;
- (f) In case of event that University First Aider is unavailable; the most senior University employee present at the scene assumes control of the situation;
- (g) University First Aiders must complete patient care report (PCR) for every person they attend to;
- (h) PCR form should be included in all University First Aid Kits or Emergency Medical Equipment;
- (i) University First Aiders shall provide a copy of the completed PCR to the Director of OSHE Unit in every 3 months.

#### **5.6.2.2 Death**

- (a) In case a person dies in an accident or is found dead, the Police must be called immediately.
- (b) The scene of the accident must be preserved except where measures are required to prevent further injuries or illnesses.

#### **5.6.3 Related Documents**

1. Management of Incident, Accident and Emergency.
2. Emergency Management Procedure.
3. First Aid Plan Procedure.
4. Incident and Accident Reporting Procedure.

#### **5.6.4 Implementation**

Pre Hospital Emergency Care Procedures shall be implemented through university manual booklets, relevant notice boards, university intranet and website.



# CHAPTER 6

## Internal Audit Programme

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### Internal Audit Procedures

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## 6.1 Internal Audit Procedures

### Introduction

Internal auditing is an effective tool for identifying problems, risks and nonconformities, as well as for monitoring progress in closing previously identified nonconformities (which should have been addressed through root cause analysis and the development and implementation of corrective and preventive action plans). Verification that the actions taken have been effective can be determined through an assessment of the improved ability of the organization to fulfil its objectives. Internal auditing can also focus on the identification of good practices (that can be considered for use in other areas of the organization) as well as on improvement opportunities. (*Source: ISO 9004:2009 Clause 8.3.3*)

#### 6.1.1 Purpose

1. The purpose of this chapter is to describe an *arrangement* to develop, establish and monitor a systematic, independent and documented process for obtaining *audit evidence* and evaluating it objectively to determine the extent to which the *audit criteria* are fulfilled.
2. It is part of the OSH evaluation that contributes to the protection and prevention of university community from hazards and its associated risks, the elimination of work-related injuries, disabilities, ill health, diseases, near misses and fatalities.

#### 6.1.2 Scope

This internal audit program is directed to the *university community*, university endorsed-activities, all premises or facilities owned, occupied or managed by the university wherever the locations are.

#### 6.1.3 Objectives

To investigate and evaluate the implementation of OSH practices which comply with:

1. The UTM's OSH own policies, objectives, procedures and other relevant requirements;
2. The Act 514, other associated laws and OSHMS MS1722:2011 requirements;
3. The feedback on conformity and recommendation for correction and improvement.

#### 6.1.4 Competency, Responsibility, Accountability and Authority

##### 6.1.4.1 The Vice-Chancellor

The Vice-Chancellor is responsible to initiate the internal audit programme for a specific time frame and directed towards a specific purpose, scope and objectives.

#### **6.1.4.2 The Director of OSHE Unit**

1. The Director of OSHE Unit is given an authority by the Vice-Chancellor to manage the audit programme in consultation with the University OSHE Committee.
2. Publicise the existence of the internal audit procedure to the relevant university community.
3. Develop and conduct training sessions for auditors or other relevant parties.
4. Advise or assist the Director of Internal Audit and related university community in the implementation of audit programme.

#### **6.1.4.3 The Director of Internal Auditor Team**

1. The Director of OSHE Unit shall appoint one of the University's Top Management staff as a Director of OSH Internal Audit.
2. Instead of an OSHE Committee member, the Director of OSH Internal Audit must have vast-experienced in conducting OSH internal audit.
3. He is responsible to establish, implement, coordinate and monitor the implementation and performance of OSH internal audit activities.
4. This position is also known as "Head of Internal Auditor".

#### **6.1.4.4 Internal Auditors**

1. The Internal Auditors are selected among the OSHE Committee members based on their competency in OSH internal auditing and recognition from certification body to conduct an internal audit.
2. The appointment is granted by Director of OSH Internal Audit in consultation with the Director OSHE Unit.
3. An auditor may include auditor-in-training (provisional auditor).
4. The audit team is divided into groups and each group is led by one certified internal audit group leader. This person is called "Audit Group Leader".
5. All the auditors are responsible to implement the audit programme within a specific time frame.

#### **6.1.4.5 Audit Technical Expert (if applicable)**

The Director of Internal Audit Team in consultation with the Internal Auditors shall appoint Audit Technical Experts to support the audit team members in terms of knowledge and professional experiences. The Audit Technical Expert does not act as an auditor.

### 6.1.5 Procedure

#### 6.1.5.1 Organizing and Planning Audit Programme

##### 1. Initiate Audit Programme

Upon approval by the Vice-Chancellor, The Director of OSHE Unit initiates the internal audit programme by appointing the Director of Internal Audit Team.

##### 2. Appointing Internal Auditors

The Director of Audit Team shall:

- (a) select appropriate audit teams and assigning their roles and responsibilities;
- (b) assure that the competence of auditors and audit group leaders; and
- (c) assure that all appointed auditors shall declare the “secrecy and confidentiality”.

##### 3. Scope and Objectives

The Director of Internal Audit Team in consultation with the audit team members:

- (a) Determine the scope, objectives of audit programme;
- (b) Duration of each audit to be conducted is based on:
  - (i) The length varies based on the complexity of the activity being audited;
  - (ii) Internal Audit resources and auditors available.

##### 4. Audit Criteria

Determine the audit criteria in according to:

- (a) Act 514 or other relevant provisional of laws;
- (b) Malaysian standard 1722:2011 and or OHSAS18001:2007.

##### 5. Techniques for Audit Evidence

The techniques are based on:

- (a) on-site inspection;
- (b) review all current OSH documents and previous audits results. If inadequate, either continue or suspend the audit process until documentation concerns are resolved;
- (c) staff interviewed; and
- (d) checklist compliance against audit criteria. (Appendix 6H)

##### 6. Establish communication with the faculties, centres, residential colleges and other units in terms of:

- (a) Notification and authority to conduct an on-site audit;
- (b) Determine applicable site to be audited; and

- (c) Agree on the attendance of auditors and the need for guides for the audit team.

#### 7. Selecting the organizations to be audited

Select the important organization to be audited based on the number, size, nature, similarity of activities, complexity, and locations.

#### 8. Resources

The Director of Internal Audit is responsible to provide appropriate resources:

- (a) Financial resources necessary to develop, implement, manage and improve audit activities;
- (b) Audit techniques;
- (c) Training to achieve and maintain the competence of auditors, and to improve auditor performance;
- (d) The availability of auditors and technical experts having competence appropriate to the particular audit programme objectives;
- (e) The extent of the audit programme;
- (f) Travelling time, accommodation and other auditing needs.

#### 9. Audit Findings Evaluation

The Director of Internal Audit in consultation with the audit team members determines the method of evaluation of audit evidence against audit criteria. For the purpose of Corrective Actions Request (CAR), the audit findings are graded into four categories, for details refer to Table in Appendix 6C:

- (a) Meet requirement (MR);
- (b) Major non-conformance (Major NCR);
- (c) Minor non-conformance (Minor NCR);
- (d) Opportunity for improvement (OFI).

#### 10. Corrective Action Request (CAR)

It describes the action to be taken on NCR. At the closing of the meeting, the Audit Lead Auditor shall issue the detail of NCR in the CAR forms. The forms shall be endorsed by Audit Group Leader and the auditee in 2 copies. One copy for the auditee and another one shall be attached with the audit report. In CAR form, the time frame taken for corrective action shall be clearly stated.

#### **6.1.5.2 Implementing On-Site Internal Audit Activities**

On-site internal audit activity includes:

- 1. Opening meeting:

- (a) Short briefing by Auditee about organization;
- (b) Short induction by Audit Group Leader on all aspect of on-site audit activities.
- 2. Implementing techniques for audit evidence.
- 3. Closing meeting:
  - (a) Audit findings notification and issuing corrective action request;
  - (b) Recommendations or suggestions for improvement.

#### **6.1.5.3 Monitoring and Reviewing the Audit Programme**

- 1. Ensure that the overall results of audit activities comply with the audit programme procedures.
- 2. All the activities are appropriately recorded and maintained;
- 3. Monitor, review and improve the performance and effectiveness of the overall audit programme:
  - (a) Ensuring the objectives have been met, effectiveness and to identify opportunities for improvement;
  - (b) Evaluate the performance based on indicators such as:
    - (i) the ability of the audit teams to implement the audit plan;
    - (ii) conformity with audit programmes and schedules; and
    - (iii) feedback from audit clients, auditees and auditors.

#### **6.1.5.4 Preparing, Approving, Distributing the Audit Activity Report**

- 1. Preparing audit report:
  - Refer to Appendix 6F for audit report format;
  - Suggestions of improvement/correction are included.
- 2. Ensuring all audit reports are reviewed by the Director of Internal Audit Team for approval.
- 3. The overall results of audit programme performance are presented to the Vice-Chancellor and University OSHE Committee.
- 4. A copy of an approved audit report is distributed to the relevant faculties, centres, residential colleges and units or other specified parties.

#### **6.1.5.5 Audit Follow-Up**

The Director of OSHE Unit shall follow-up the corrective actions for NCR within the given time frame.

### 6.1.6 Provisional of Laws or Guidelines

1. Malaysian Standard 1722:2011, Clause 3.4.3.
2. OHSAS18001:2007, Clause 4.5.5, 4.5.3.2.
3. Guidelines on Occupational Safety and Health Management System.

### 6.1.7 Related Document

OSH Policy.

### 6.1.8 Forms

1. Internal Auditor application. (Appendix 6A)
2. Secrecy and confidentiality. (Appendix 6B)
3. Audit finding grading. (Appendix 6C)
4. Attendance list for audit activities (Appendix 6D)
5. Corrective action request (CAR). (Appendix 6E)
6. Internal Audit report. (Appendix 6F)
7. Client feedback. (Appendix 6G)
8. MS1722:2011 audit criteria checklist. (Appendix 6H)

### 6.1.9 Record Keeping

Title	Location	Person in-charge	Retention period
Internal Auditor application			
Secrecy and confidentiality			
Audit finding grading			
Attendance list for audit activities			
Corrective action request (CAR)			
Internal Audit report			
Client feedback			

### 6.1.10 Implementation

The Internal audit programme shall be Implemented through university manual booklets, relevant notice boards, university intranet and website.



- International Accreditation Forum, Inc. 2007. *Transition Plan for ISO/IEC 17021:2006. IAF GD 8:2007.*
- International Accreditation Forum, Inc. *ISO9001 Auditing Practices Group: Guidance on Auditing the Effectiveness of the Internal Audit. ISO9001:2009.2010.*
- International Standard. Guidelines for Quality and/or Environmental Management Systems Auditing. ISO19011. First Edition 2002-10-01.
- Law of Malaysia. 1970. *The Factories and Machinery (Safety, Health and Welfare) Regulations 1970.* Kuala Lumpur: Percetakan Kerajaan.
- Laws of Malaysia. *Act 162 – Malaysia Red Cross Society (Change of Name) Act 1975.* Kuala Lumpur: Percetakan Kerajaan.
- Ministry of Health. 1995. *Guideline on Universal Infection Control Precaution.* Kuala Lumpur: Ministry of Health.
- Ministry of Human Resources Malaysia. 2008. *Guidelines for Hazard Identification, Risk Assessment and Risk Control.* JKPP DP 127/789/4-47. Kuala Lumpur: Ministry of Human Resources Malaysia.
- Ministry of Human Resources Malaysia. 2000. *Guidelines for the Registration of Assessors, Hygiene Technician and Occupational Health Doctor.* JKPP: GP (1)/3/2000. Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.
- Ministry of Human Resources Malaysia. 2001, *Guidelines on Medical Surveillance.* JKPP: GP (1)/4/2001. Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.
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- Ministry of Human Resources Malaysia. 2005. *Guidelines on Occupational Health Services.* JKPP GP (BI) 04/2005. Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.
- Ministry of Human Resources Malaysia. 2006. *Guidelines on Occupational Safety and Health Act 1994 (ACT 1994. JKPP: GP (BI) 1/2006.* Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.
- Ministry of Human Resources Malaysia (OSHMS). 2011. *Guidelines on Occupational Safety and Health Management System.* Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.
- Ministry of Human Resources Malaysia. *Code of Practice for First-Aid in the Workplace.* Kuala Lumpur: Department of Employment, Ministry of Human Resources Malaysia.
- Ministry of Human Resources. 2004. *Malaysia Guidelines on First-Aid in the Workplace.* Second Edition. Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.
- Ministry of Human Resources. 2008. *Risk Management: Hazard Control Form AON/RM1.* Kuala Lumpur: Department of Occupational Safety and Health, Ministry of Human Resources Malaysia.

Occupational Health and Safety Management Systems (OHSAS). 2007. *Guidelines for the Implementation of OHSAS 18001:2007, ICS 03.100.01: 13.100IAE*. SIRIM. 2011. *Malaysian Standard 1722:2011*. Shah Alam: SIRIM.

University Health Centre. 2009. *Manual Practices on First Aid Services*. Johor Bahru: University Health Centre, Universiti Teknologi Malaysia.

<http://www.lawyerment.com.my/library/doc/empl/osh/> (Accessed on 17<sup>th</sup> February 2012)

## Overview of Occupational Safety and Health Act 1994

### Introduction

The Occupational Safety and Health Act 1994 or Act 514 provides the legislative framework for the safety, health and welfare among all Malaysian workforces. The principle is to prevent and protect the workers against hazards and its risks in connection with their activities at work. It requires all companies to establish and document:

1. Safety and health policy,
2. Duties of the employer, employees and the safety and health officers,
3. The safety and health committee of companies, and
4. Occupational safety and health inspections and officers.

### Purpose

The purposes of Act 514 are:

1. to secure the safety, health and welfare of persons at work against hazards and risks arising out of the activities of person at work;
2. to protect person at a place of work, other than persons at work, against risks arising out of the activities of persons at work;
3. to promote an occupational environment for persons at work which is adapted to their physiological and psychological needs;
4. to provide the means whereby the associated occupational safety and health legislation may be progressively replaced by a system of regulations and approved industry codes of practice operating in combination with the provisions of this Act designed to maintain or improve the standards of safety and health.

### Concept of Self-regulation

The provision of the Act 514 is based on the self-regulation approach to suit with the particular industry or organization and to establish effective safety and health organization and performance. Its primary responsibility is to:

1. ensure safety and health of work lies with those who create the risks, and
2. those who work with the risks.

This law also encourages cooperation, consultation and participation of employees and management in efforts to improve the standards of safety and health in the workplace.


## **Role of Authority**

1. Department of Occupational Safety and Health (DOSH), a government department under the Ministry of Human Resources Malaysia is responsible for, through enforcement and promotional works, those employers, self-employed persons, manufacturers, designers, importers, suppliers and employees to always practise safe and health work culture, and always comply with the existing legislation, guidelines and codes of practice in relation to Occupational Safety and Health.
2. DOSH also evaluate and review the legislation, policies, guidelines and codes of practice from time to time pertaining to occupational safety, health and welfare as a basis in ensuring safety and health at work.
3. DOSH is also the secretariat to National Council for Occupational Safety and Health, a council established under section 8 of the Occupational Safety and Health Act 1994.
4. The National Council for Occupational Safety and Health shall have the power to do all things expedient or reasonably necessary for or incidental to the carrying out of the objects of this Act.

## **Implementation**

1. All employers with more than 5 employees are required by the legislation to arrange a written Safety and Health Policy. The objective is to demonstrate the commitment of the employer or company to ensure safety and health in the workplace.
2. Safety and Health Policy must be taken into account when making decisions or performing work activities of the organization.
3. This law also specifies the general duties of
  - (a) Employers;
  - (b) Self-employed persons;
  - (c) Manufacturers, designers and suppliers;
  - (d) Employees,
  - (e) The establishment of the safety and health committee.
  - (f) The appointment of a safety and health officer and
  - (g) The enforcement, investigation and offenses.

*(Please refer to Act 514 Occupational Safety and Health for the details of their role, responsibility and accountability)*




# POLICY

## UTM'S POLICY ON SAFETY, HEALTH AND ENVIRONMENT


UTM is committed in providing and maintaining a safe and healthy working and learning environment to its staff, students and general public in accordance with the applicable law.

To implement the policy successfully, UTM shall:

- ▶ Provide a Safety, Health and Environment management system that meets national and international quality standards.
- ▶ Make available an Action Plan for activities to be carried out in a safe and healthy environment.
- ▶ Nurture a work culture that emphasises safety through education and continuous training.
- ▶ Review this policy on Safety, Health and Environment from time to time.

  
17.11.2008  
**Vice-Chancellor**  
**Universiti Teknologi Malaysia**






# POLISI

## KESELAMATAN, KESIHATAN DAN PERSEKITARAN UTM

UTM komited menyedia, mewujudkan dan menyelenggara persekitaran kerja yang selamat dan sihat untuk seluruh warga UTM dan semua pihak yang berurusan dengan UTM selaras dengan kehendak perundangan negara.

Bagi menjayakan polisi ini UTM akan:

- ▶ Menyediakan Sistem Pengurusan Keselamatan, Kesihatan dan Persekitaran yang memenuhi kehendak perundangan negara serta piawai antarabangsa.
- ▶ Menyediakan dan melaksanakan pelan tindakan bagi membolehkan aktiviti-aktiviti di UTM berjalan dalam persekitaran yang selamat dan sihat.
- ▶ Memupuk budaya kerja yang selamat melalui pendidikan dan latihan yang berterusan.
- ▶ Mengkaji dan memperbaiki polisi Keselamatan, Kesihatan dan Persekitaran dari masa ke semasa.

  
17.11.2008  
**Naib Canselor**  
**Universiti Teknologi Malaysia**

## ANNUAL OSH POLICY

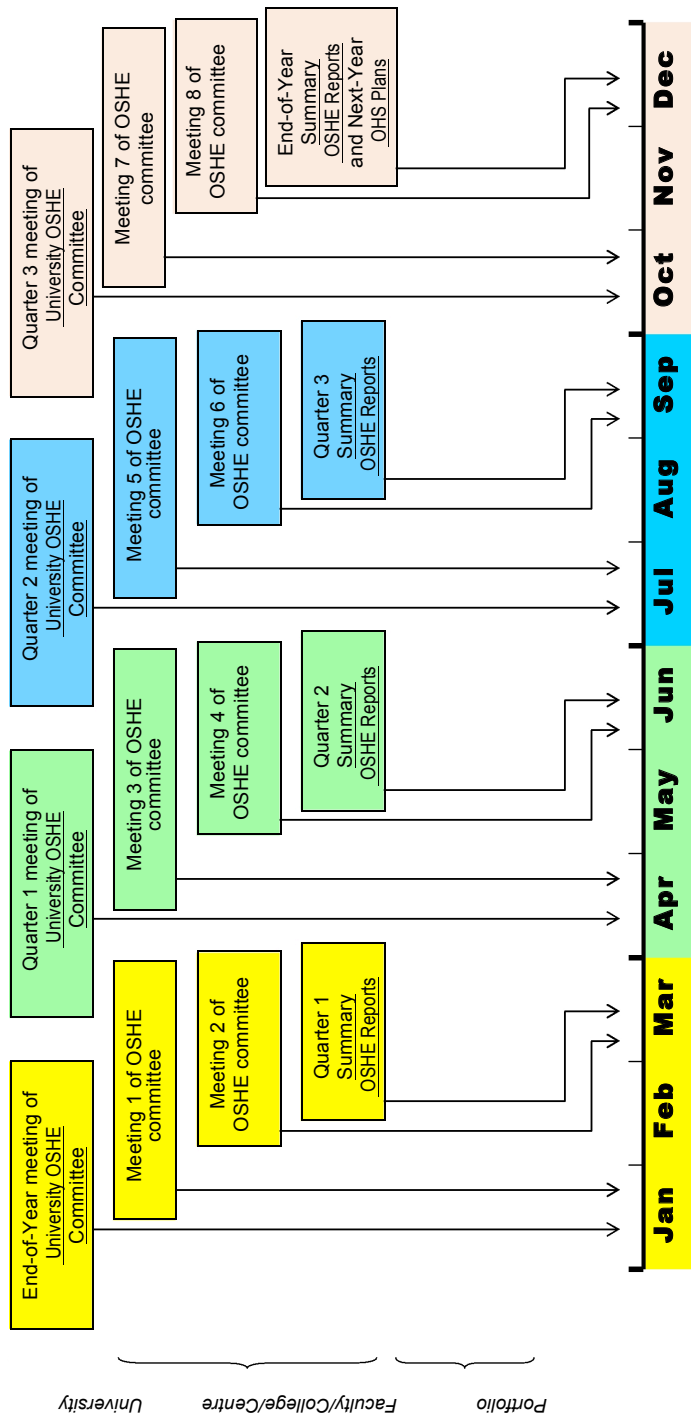
EVENT			UNIVERSITY OSHE DIRECTORATE				
Timing	Activity	Action	Y/N	Y/N	Y/N	Action	Y/N
QUARTER 1	Mid-Jan	Annual OSHE Plan				Prepare Plan and send to OSHE directorate	Ensure all plans received, reviewed and send copies to Vice-Chancellor/his authorized deputy
	Jan-Mar	OSHE committee meeting(s)				Hold meeting and send minutes to OSHE committee members	-
	End - Mar	Summary Health & Safety Report				Prepare report and send to OSHE directorate	Ensure all reports received, reviewed and send copies to Vice-Chancellor/his authorized deputy
	Mid-April	Meeting of University OSHE Committee				Head/Director/OSHE Rep attend	VC/his authorized deputy chair meeting, send minutes to committee members
QUARTER 2	Apr-June	OSHE committee Meeting(s)				Hold meeting and send minutes to OSHE committee members	-
	End-June	Summary Health & Safety Report				Prepare report and send to OSHE directorate	Ensure all reports received, reviewed and send copies to Vice-Chancellor/his authorized deputy
	Mid-July	Meeting of University OSHE Committee				Head/Director/OSHE Rep attend	VC/his authorized deputy chair meeting, send minutes to committee members
	Jul-Sep	OSHE committee Meeting(s)				Hold meeting and send minutes to OSHE committee members	-
QUARTER 3	End-Sep	Summary Health & Safety Report				Prepare report and send to OSHE directorate	Ensure all reports received, reviewed and send copies to Vice-Chancellor/his authorized deputy
	End-Oct	Meeting of University OSHE Committee				Head/Director/OSHE Rep attend	VC/his authorized deputy chair meeting, send minutes to committee members
	Oct-Dec	OSHE committee Meeting(s)				Hold meeting and send minutes to OSHE committee members	-
	End-Dec	Summary Health & Safety Report				Prepare report and send to OSHE directorate	Ensure all reports received, reviewed and send copies to Vice-Chancellor/his authorized deputy
QUARTER 4	Mid-Jan	Meeting of University OSHE Committee				Head/Director/OSHE Rep attend	VC/his authorized deputy chair meeting, send minutes to committee members

(Note: The Management Representatives on the University Health and Safety Policy Committee for each Portfolio are required to send an updated version of this form to OSHE director prior to each quarterly meeting)

## Schedule of Safety & Health Management Activities

This form should be read in conjunction with the OSH Policy and Procedure

The sequence of activities associated with Safety, Health and Environment during the course of a calendar year.



University Safety, Health and Environment

Authorised by: Policy Committee  
Document Owner: OSHE directorate

Current Version: 07/09/2010  
Review Date: 01/12/2013

Page 1 of 1



## QUARTERLY SUMMARY OSHE REPORT

Report review shall consist of **ACTIVITY, TASK, PROJECT, ITEM OF PLANT, LOCATION etc.** Send report to University OSHE Unit together with minutes of the meeting.

1. Faculty/Centre/College/Unit Name:
2. Quarter: 1/2/3/4 (circle as appropriate)
3. Year:
4. Meetings of the OSHE meeting held during the quarter  
Meetings held on the following dates:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

### HIRARC reviews conducted during the quarter

MONTH	REPORT REVIEWED	MAIN RISK CONTROL OUTCOMES
1.		
2.		
3.		

### Other Relevant Safety and Health Issues

Specify here:

## OSHE COMMITTEE REPRESENTATIVES

REPRESENTATIVES	Name	Contact No.	Email	Appointed date
<b>1. Management representative</b>				
<b>2. Staff representatives</b>				
<b>3. Technical advisor</b>				
<b>4. Others</b>				

## OSH INDUCTION CHECKLIST

### 1. General

- ✓ Ensure the workplace or workstation has the necessary equipment and features for their health and safety.
- ✓ Ensure that pre-existing conditions for job task have been implemented.

### 2. OSHE representation

- ✓ Introduce new staff to local OSHE representative.
- ✓ Explain role of OSHE representative, and OSHE committee at university and local level.
- ✓ Explain process for reporting hazards and resolving safety issues.
- ✓ Outline current OSHE committee operating within Faculty/College/Centre.

### 3. Prevention

- ✓ Outline, and demonstrate if necessary, the role of employee in safety and health requirements:
  - personal protective equipment;
  - hazard identification, risk assessment and control;
  - consultation;
  - safeguards for the introduction of new plant and substances; and
  - safe manual handling methods, etc.
- ✓ Ensure that a new employee is in possession of appropriate personal protective equipment.
- ✓ Show new employee the location of safety devices (eg. emergency stops, fire extinguishers, eye wash and emergency showers, break-glass alarms, etc).
- ✓ Outline hazards present in employee's workplace and outline the relevant risk control measures.

### 4. Incidents

- ✓ Instruct new employee to report all incidents to Supervisor/Manager.
- ✓ Inform new employee that all injuries should be attended to by First-Aider (where available).
- ✓ Introduce new employee to area First-Aider/s.

### 5. Emergencies and Evacuations

- ✓ Take new employee to floor/building Emergency Floor Plan (if provided) and outline Local Emergency Instructions.
- ✓ Show evacuation routes and assembly point.
- ✓ Explain different evacuation alarm tones (if applicable).

**Staff Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Supervisor/Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please Note:

For casual or sessional employees, this form is to be completed, signed and retained by the Faculty/College/Centre.

For continuing or fixed-term appointments, this form is to be completed, signed and forwarded to Human Resources for inclusion in the Personnel file.

## Example of the OSH Training Plan

OSH TRAINING PLAN AND SCHEDULE												
ORGANISATION: <Insert Organisation's Name>												
OSH TRAINING MODULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<Insert OSH Training Module test>												
<Insert OSH Training Module test>												
<Insert OSH Training Module test>												
<Insert OSH Training Module test>												

(Source: Ministry of Human Resources Malaysia. 2011.


*Guidelines on Occupational Safety and Health Management System (OSHMS))*

## Example of OSH Training Record Form

OSH TRAINING RECORD									
<Insert Organisation's Name>									
<Insert Year>									
Date	Worker Name	<Insert OSH Training module test>	Insert OSH Training module test>	Insert OSH Training module test>	Insert OSH Training module test>	Insert OSH Training module test>	Insert OSH Training module test>	Insert OSH Training module test>	Insert OSH Training module test>
<Insert Date>	<Insert OSH Training Participant Name>								
<Insert Date>	<Insert OSH Training Participant Name>								
<Insert Date>	<Insert OSH Training Participant Name>								
<Insert Date>	<Insert OSH Training Participant Name>								

(Source: Ministry of Human Resources Malaysia. 2011.

*Guidelines on Occupational Safety and Health Management System (OSHMS))*

 <b>HIRARC FORM</b>						
<b>GENERAL INFORMATION</b>						
Process/location			Conducted by (Name, designation)			
Approved by: (Name, designation)			Conducted date (from...to...)			
Approval date						
<b>HAZARD IDENTIFICATION</b>			<b>RISK ANALYSIS</b>			
Activities/Process/ Facilities/Equipment	Hazard	Effect	Current Risk Control	Severity	Likelihood	Risk Rating
Authorised by: University Safety and Health Committee Document Owner: Director of OSHE Unit			Current Version: Review Date:			

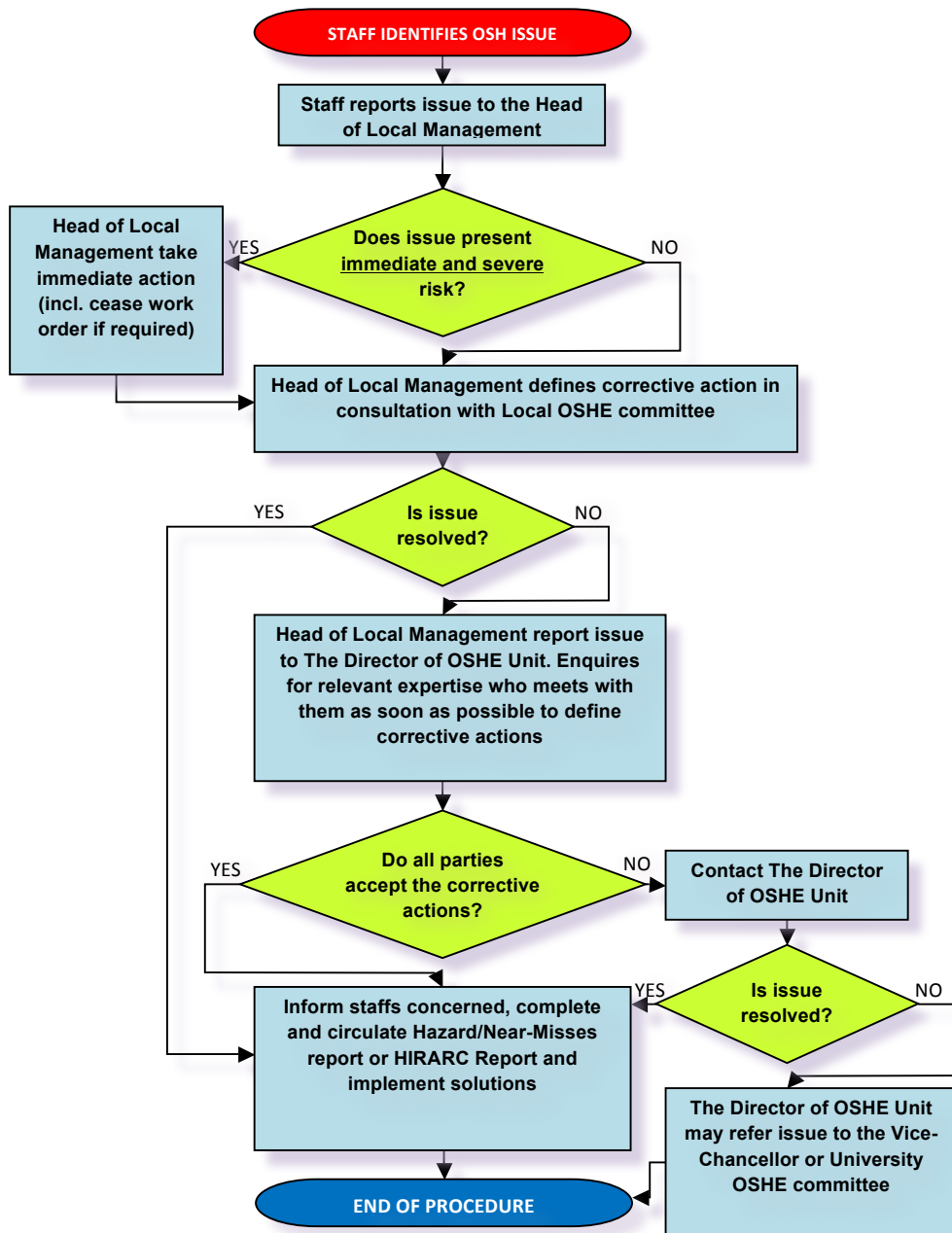
(Source: Ministry of Human Resources Malaysia. 2011. *Guidelines for Hazard Identification, Risk Assessment and Risk Control*)

## Types and Hierarchy of Control Strategies

Strategy	Notes
<b>1. ELIMINATION</b>	Ideal solution. Most effective strategy and should always be attempted first. May mean discontinuing dangerous work practices or removing dangerous substances/equipment. e.g., using machine to do repetitive manual activity, discontinuing a noisy machine/process or completely removing asbestos from workplace.
<b>2. PREVENTION OR REDUCTION OF EXPOSURE</b>	Other options that can be used alone, or in combination, to prevent or reduce exposure to risk. May include engineering methods.
<b>2a. Substitution</b> of material, process or equipment	Replacing the hazard with one that presents lower (and more manageable) risk. e.g., replacing glass with plastic, using a less hazardous chemical or vacuuming rather than sweeping.
<b>2b. Modification</b> (redesign) of equipment, work process or work environment	Requires thinking about ways work could be done differently to make work safer, such as rearranging aspects of workplace, modifying equipment, combining tasks, changing procedures to eliminate hazardous steps, changing sequence of tasks in job and/or reducing frequency of performing dangerous task. e.g., using a trolley to move heavy loads, placing guards on moving parts of machinery, controlling chemicals through ventilation, or modifying exhaust systems to reduce noise.
<b>2c. Isolation</b> or separation	Isolating or separating the hazards from the person, or the person from the hazards. e.g., enclosing or guarding dangerous equipment, placing barriers around a spill until cleaned up, or using remote-controlled handling equipment for hazardous processes.
<b>3. TEMPORARY, LAST-RESORT, OR BACKUP MEASURES</b>	Lowest in hierarchy of control strategies. Dependent on appropriate human behaviour to work adequately. Requires very robust management enforcement and commitment. Tend to be less effective. Should NOT be relied on as primary means of risk control until options higher up hierarchy of control strategies attempted and exhausted.
<b>3a. Administrative controls</b>	Reduction of exposure to risk through use of procedures or instruction. e.g., job rotation to reduce exposure; instruction and training in safe work procedures; or limited entry/time in hazardous areas.
<b>3b. PPE</b> (Personal Protective Equipment)	Worn by people as final barrier between themselves and the hazards. Success dependent on PPE being chosen correctly; worn; worn correctly; used correctly; and maintained in good condition. Often more expensive in long term when costs of maintenance, supervision and (potentially more) injuries/diseases taken into account. e.g., ear muffs and ear plugs; respirators; goggles; masks; hard hats.

(Source: Ministry of Human Resources Malaysia. 2008. *Risk Management: Hazard Control form AON/RM1*)

## OSHE Reporting and Resolution Flowchart





### HAZARD/ INCIDENTS /ACCIDENT REPORT

1. This form must be used in accordance with the Occupational Safety and Health Procedures of reporting Hazard or Near-Miss.
2. The Top Local Management shall submit the completed form to the Director of OSHE Unit within FIVE (5) working days from the day of reporting in Part 1.

<b>Part 1 (To be completed by Staff/Student)</b>		
1.	Description of Hazard or Near-Miss or Accident:	
2.	Campus	Skudai/KL
3.	Faculty/Center/College	
4.	Precise location	
5.	Name of Management Representative has been Reported	
6.	Name of OSHE Unit Representative has been Reported	
7.	Name of Person Reporting	
	ID No.	Contact No.
8.	Date of Report	

<b>Part 2 (To be completed by Head of Local Management)</b>			
Name of Head of Local Management:			
	<b>Corrective Action</b>	<b>Details of Person Responsible</b>	<b>Completion Date</b>
1.			
2.			
3.			

<b>Part 3 Signatures</b>		
Name of Head of Local Management	Name of OSHE Unit Representative	Name of Person Reporting
Date:	Date:	Date:

Authorised by: University Safety and Health Committee  
 Document Owner: Director of OSHE UTM

Current Version:  
 Review Date:

## General Emergency Instructions

If first at the scene of an emergency, remember the three key steps:

### 1. General steps

<b>Step 1:</b>	Assess the situation for immediate dangers to your safety and take appropriate steps;
<b>Step 2:</b>	Alert people around you, ERP personnel or the University Emergency Phone Number: <b>30002/30014</b> (internal calls) or <b>999</b> (external calls);
<b>Step 3:</b>	Assist any person in immediate danger if it is safe to do so;
<b>Step 4:</b>	Contain or combat the emergency only if it is safe to do so;
<b>Step 5:</b>	Evacuate to a safe location (if necessary);
<b>Step 6:</b>	Notify your local head of administration (for staff), teacher/lecturer (for students), University Contact person (for contractors and visitors).

### 2. Building Evacuation Instructions

#### (a) For all staff, students, contractors and visitors

If you are instructed to evacuate a building or area by means of an automatic or manual alarm or by verbal order:


<b>Step 1:</b>	Switch off all the equipment and make it safe;
<b>Step 2:</b>	Promptly evacuate the building;
<b>Step 3:</b>	Close all doors behind you;
<b>Step 4:</b>	Assemble at the Assembly Point for that building or area;
<b>Step 5:</b>	Report to the Chief Local Incident Commander (white helmet) or their Deputies (yellow helmet);
<b>Step 6:</b>	Await further instructions from the ERP personnel;
<b>Step 7:</b>	Do not leave the Assembly Point;
<b>Step 8:</b>	Do not smoke.

**(b) For Chief of ERP Local Incident Commander, Deputies and University First Aider**

<b>Step 1:</b>	Initiate an immediate evacuation of your area when: (a) By means of an automatic evacuation alarm; or (b) Instruction given by the Chief of ERP Local Incident Commander.
<b>Step 2:</b>	Investigate the emergency and decide on the need for evacuation in cases of: (a) Verbal report of an emergency by staff, students, visitors, etc; or (b) Other indication of incident or problem.
<b>Step 3:</b>	If an evacuation is required: (a) follow Local Emergency Instructions to initiate an evacuation; (b) Contact the University Emergency Phone number: <b>30002/30014</b> (internal calls) or <b>“999”</b> (external calls), even in case of automatic alarm;
<b>Step 4:</b>	Wear <b>White helmet/vest</b> (for Chief of ERP Local Incident Commander), <b>Yellow helmet/vest</b> (for Deputies of Incident Commander) and <b>Red helmet/vest with symbol</b> (for University First aider);
<b>Step 5:</b>	Conduct a systematic search of the area you control, instruct all people to evacuate to the Assembly Point;
<b>Step 6:</b>	Proceed to the Assembly Point;
<b>Step 7:</b>	Ensure the Assembly Point is safe and take appropriate action;
<b>Step 8:</b>	At the Assembly Point determine whether anybody appears to be missing;
<b>Step 9:</b>	Report to the Chief of Local ERP Incident Commander or the University Chief Incident Commander (if available at the scene) regarding your area search and head count; and
<b>Step 10:</b>	Take steps to prevent unauthorised persons from entering the building.

### 3. Reporting

All emergencies must be reported in accordance with the Incident and Accident Reporting Procedure.

 <b>UTM</b> <small>UNIVERSITI TEKNOLOGI MALAYSIA</small>	<h2>Local Emergency Instructions</h2>		
Insert here name of Faculty/ Department/ Centre/Residential Colleges /Chancellery Offices			
Version date: ____/____/____			
<p align="center"><b>- Insert Description of Area (e.g. Building P23, Floor B, Block C) -</b></p>			
<b>A. Emergency Response Personnel (ERP Personnel)</b>			
<b>Chief of Local Incident Commander (white helmet):</b>	<i>Name of person in charge for the whole area/building.</i>	<b>Phone:</b>	
<b>Deputy of Local Incident Commander (Yellow helmet):</b>	<i>Name of person in charge for specific floor/area.</i>	<b>Phone:</b>	
<b>First Aider(s) (Red helmet):</b>	<i>Name of First Aider(s) servicing the area/building.</i>	<b>Phone:</b>	
<b>B. Designated Assembly Point:</b>			
<i>Give exact location of Designated Assembly Point.</i>			
<b>C. General Emergency Instructions</b>			
If first at the scene of an emergency, remember the three key steps:			
<b>Step 1:</b> Assess the situation for immediate dangers to your safety and take appropriate steps;			
<b>Step 2:</b> Alert people around you, ERP personnel or the University Emergency Phone Number: <b>30002/30014</b> (internal calls) or 999 (external calls);			
<b>Step 3:</b> Assist any person in immediate danger if safe to do so;			
<b>Step 4:</b> Contain or combat the emergency only if safe to do so;			
<b>Step 5:</b> Evacuate to a safe location (if necessary);			
<b>Step 6:</b> Notify your local head of administration (for staff), teacher/lecturer (for students), University Contact (for contractors and visitors).			
<b>D. Building Evacuation Instructions</b>			
If you are instructed to evacuate a building or area by means of an automatic or manual alarm or by verbal order:			
<b>Step 1:</b> Switch off all the equipment and make it safe;			
<b>Step 2:</b> Promptly evacuate the building;			
<b>Step 3:</b> Close all doors behind you;			
<b>Step 4:</b> Assemble at the Assembly Point for that building or area;			
<b>Step 5:</b> Report to the Chief Area (white helmet) or Deputy Area of ERP (yellow helmet);			
<b>Step 6:</b> Await further instructions from the ERP personnel;			
<b>Step 7:</b> Do not leave the Assembly Point;			
<b>Step 8:</b> Do not smoke.			

Emergency Area Responsibilities Record	
Faculty/Centre/Resident college/Unit	
Area Description	Area Responsibility

Emergency Response Personnel Record

Location:

CHIEF OF LOCAL INCIDENT COMMANDER	DEPUTY OF LOCAL INCIDENT COMMANDER	DESIGNATED ASSEMBLY POINTS

Version Date  
Review Date

## EVACUATION DRILL REPORT

Date of Drill:	Area Responsibility:	
Attending Chief Area of ERP(s):		
Attending Deputies:	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
Method for Initiating Evacuation:	Other, please specify:	
Time of Initial Alarm:	AM/PM	Time when Last Person Exited the Building/Area:
Hearing of alarm in all Locations? <i>Please tick "r" in the box appropriately.</i>	AM/PM	AM/PM
Were Difficulties Encountered when Conducting Area Search? <i>Please tick "r" in the box appropriately.</i>	AM/PM	AM/PM
Were all Occupants Accounted for? <i>Please tick "r" in the box appropriately.</i>	AM/PM	AM/PM
	Yes	
	No, please specify:	
	Yes, please specify:	
	No	
	Yes	
	No, please specify who, why:	

Authorized by: University Safety and Health Committee  
Document Owner: Director of OSHE UTM

Current Version:  
Review Date:

List the Corrective Actions to be Adopted as a Result of this Evacuation Drill:			
Actions		Person Responsible	Deadline
Other Comments		<b>Important:</b> After each evacuation drill, send a copy of this report to University OSHE unit	
Signature:			
Date:			
Name: Staff No.:			

Authorized by: University Safety and Health Committee  
 Document Owner: Director of OSHE UTM

Current Version:  
 Review Date:



**University First Aider Nomination Form****PART 1 INFORMATION**1. “**University First Aider**” is

- (a) an employee of the university;
- (b) holds a current Level 2 first aid qualification issued by an accredited first aid trainer, or an equivalent qualification as determined by the University Director of OSH unit; and has been nominated in accordance with this form.
- (c) University First Aiders represent the primary resource for attending to injuries and illnesses in the campus of Universiti Teknologi Malaysia. Further information is available in the Occupational Safety and Health manual procedure – *Incident and Accident Management*.

**PART 2 TO BE COMPLETED BY FIRST AIDER**

FULL NAME

FACULTY/CENTRE/UNIT/DEPARTMENT

CAMPUS

LEVEL OF FIRST AID CERTIFICATE

CERTIFICATE ISSUED BY (MOH etc))

DATE OF ISSUE

I have read Part 1 and agree to act as a University First Aider, in accordance with the University Occupational Safety and Health manual procedures

I give consent for Hepatitis B vaccination  
(fully funded by University)

Yes

☐

No

☐

SIGNATURE

DATE

**PART 3 TO BE COMPLETED BY THE UNIVERSITY DIRECTOR OF OSHE UNIT**

I endorse the nomination of the person mentioned above as University First Aider, and I confirm that his/her appointment complies with the University Occupational Safety and Health First Aid requirements.

SIGNATURE

DATE

Send completed form with a copy of your most recent First Aid Certificate to:  
The Director of OSHE Unit

**PART 4 OFFICE USE ONLY**

Name of Doctor

Clinic stamp

Date Hep B vaccination

# FIRST AID REPORT

Name of First Aider:

Area of responsibility:

Date	Name of Injured Person	Status of Injured Person	Nature of Injury	Treatment Provided	Further Treatment Advised? <input type="checkbox"/> YES <input type="checkbox"/> NO	Injured Person's Signature	First Aider's Name
		Staff/Student/ Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Staff/Student/ Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Staff/Student/ Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Staff/Student/ Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		

1. This form must be used in accordance with the Occupational Health and Safety Procedures Incident and Accident Management.
2. Send reports to The University Director of OSH unit at the end of each calendar quarter.

Authorised by:  University Safety and Health Committee  
Document Owner:  The University Director of OSHE Unit

Current Version:  
Review Date:

[illegible]

Review Date:

## Application (INTERNAL AUDITOR/TECHNICAL EXPERT qualification) FOR INTERNAL AUDIT PROGRAM IN YEAR \_\_\_\_\_

### SECTION 1 – PERSONAL DETAILS

Preferred Name:	Prefix/Title:
Faculty/Centre/Residential College/Unit/Others:	
Position:	

Correspondence address in UTM:	
Telephone:	Fax:
Mobile:	E mail:

### POSITION APPLIED

<input type="checkbox"/> Auditor	<input type="checkbox"/> Technical Expert
----------------------------------	---

## SECTION 2 – CORE COMPETENCIES

Your core competencies:

☐ OSH

☐ Environment

☐ Quality

Competencies are, which you have more than 3 years of experience in the specified fields above.

Please state the workplace in which you have more than 3 years of experience:

FORMAL EDUCATION (Tertiary level only i.e. degree, diploma, masters)			
Year Completed	Institution	Qualification	Certificates Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

RELEVANT WORK EXPERIENCE (That of which in regards to OSH, EMS or QMS in a technical, professional or management position)

Job Tenure eg 2000-2004	Organization	Position	Total Duration

COURSE ATTENDED (That of which in regards to OSH, EMS or QMS only)

Year Completed	Institution	Qualification	Certificates Attached
			<input type="checkbox"/>

			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

### SECTION 3 – AUDITING COMPETENCIES

**AUDITOR REGISTRATION NUMBER (IRCA/QSA or other auditor registration body)**

Body	Number	Grade	Copy attached
			<input type="checkbox"/>

#### AUDITING TRAINING

Year Completed	Institution	Standards	Certificates attached
			<input type="checkbox"/>

#### AUDITING EXPERIENCE (for the past 3 years)

Please fill in the table attached.

## SECTION 4 - DECLARATION

All information provided in this form is correct and true to the best of my knowledge.

.....

Date:

Signature

### **Applicant Verifier**

Each applicant is required to be verified by:

1. The Director of OSHE Unit; OR
2. Other persons who have a business relationship with the applicant.

I verify that the information provided on this application form is correct and true to the best of my knowledge and I have initialed each attachment to verify sighting of original documents and/or personal knowledge of accuracy.

Name:

Position:

Relationship to applicant:

Telephone:

Fax: .....

Mobile: .....

E-mail:

Signature: .....

Date:

## AUDITOR'S AUDIT LOG BOOK (Please copy this form as often as required)

Date of Audit	Duration in days	Organization audited (please provide contact name and number)	Your Role <sup>1</sup>	Audit Team Leader (please provide contact number)	Total No in audit team	Scope <sup>2</sup>	Verification of audit experience <sup>3</sup>

<sup>1</sup> A (Team Member), P (Principal/Solo), L (Team Leader)

<sup>2</sup> OHS, EMS, or QMS

<sup>3</sup> Must come from the auditor's employer or a management representative of the auditee



## AUDITOR'S DECLARATION OF SECRECY AND NON DISCLOSURE AGREEMENT

**Note:** This form is to be completed by all persons who may have access to confidential information. This includes, but is not limited to: Universiti Teknologi Malaysia's (UTM) Management, Staff, out sources Auditors, Lead Auditors, Technical Experts, Committee of Impartiality (COI), UTM Directors and Board Members. When completed this form may be required by OSHE Unit of UTM and if not immediately required, must be retained by the 'manager' or 'person' in charge. These forms ***must be kept as a record*** for at least 5 years after the signatory ceases to have access to confidential information

**To: OCCUPATIONAL SAFETY AND HEALTH UNIT OF UTM.**

I (Name)		I/C or Passport No.	
----------	--	------------------------	--

Hereby agree and undertake to comply with the requirements of the UTM Policies, Procedures and Systems, and that:

- I will observe complete secrecy about all UTM systems, processes, clients, potential clients, and those of third parties that may come into my knowledge as part of my association with UTM, its employees and contracted personnel performing UTM work.
- I will not divulge information which may tend to identify or actually identify party, except to other persons, within the UTM system for the purposes of my work.
- I will not remove data, paperwork or information in any manner which may prejudice my position or the position of the UTM stakeholders except as required by my work.
- I will promptly return any such data, paperwork or information to its rightful owner / custodian within UTM.
- I will take all reasonable steps to ensure others do not divulge UTM or client information unlawfully or wrongly.
- I will make known to UTM any improvement in its systems, processes, or methods of which I become aware, as I become aware of them, and will not use such improvements for my own benefit.

And I accept that:

- These provisions remain with me and bind me until I am released from them by UTM itself, in writing or until such information, knowledge or data comes into the public domain by other means, or until I am compelled by the Courts to divulge them.

Signature of person making this declaration:		Date:	
Witnessed By (name)		Signature	

## GRADING OF AUDIT FINDINGS

GRADES OF NON-CONFORMANCE			
	GRADES	CRITERIA	PERIOD OF CORRECTIVE ACTION
1	<b>MAJOR NONCONFORMANCE</b> ( <i>Major NCR</i> )	<ul style="list-style-type: none"> <li>Noncompliance with the relevant OSH laws and or guidelines, or</li> <li>Critical risk exists during auditing, or</li> <li>No corrective action from previous Minor NCR.</li> </ul>	90 days –if there is no immediate potential impact to OSH
2	<b>MAJOR NONCONFORMANCE</b> ( <i>Minor NCR</i> )	<ul style="list-style-type: none"> <li>Partially not comply with the relevant OSH laws and or guidelines.</li> </ul>	30 days
3	<b>OPPORTUNITY OF IMPROVEMENT</b> ( <i>O/I</i> )	<ul style="list-style-type: none"> <li>Fully comply with the relevant OSH laws and guidelines but some area needs improvement.</li> </ul>	Require to take corrective actions till the next audit date.

## ATTENDANCE SHEET

### FOR OPENING & CLOSING MEETING OF AUDITS

**Audited Organization:****Location:****Site Address:**

			Opening	Closing
			<b>Date:</b>	
			<b>Time:</b>	
<b>Auditors</b>				
No	Name	Position (TL/A/TE)	Signature	Signature
1.		Group Leader		
2.		Auditor		
3.		Technical expert		
4.		UNIT OSH Representative		
<b>Organization (Auditee)</b>				
	Name	Position	Signature	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

## CORRECTIVE ACTION REQUEST

<b>Organisation Name:</b>	<b>CAR Number:</b> Page .....of.....
<b>Location:</b>	<input type="checkbox"/> Minor <input type="checkbox"/> Major
<b>Area / Department / Function:</b>	<b>Standard:</b>  <b>Clause no:</b>
<b>Details of Non Conformance:</b>	
<b>Objective evidence of Non Conformance:</b>	
<b>Are other sites affected by this CAR?                      Yes / No</b>	
<b>Auditor signature (NCSB):</b> Name: Date:	<b>Client's Acknowledgment:</b> <div style="border: 1px solid black; height: 30px; width: 100%; background-color: #cccccc;"></div>
The Director of OSHE Unit on behalf of the Vice-Chancellor requires that you take timely and appropriate corrective action within 30 days for Minor. <input type="checkbox"/> For Major CAR, response within 90 days (if there is no immediate potential impact to OSH,) otherwise; <input type="checkbox"/> Immediate action is required to remove the risk or significantly reduced. The certification will be suspended until action is taken. The OSHE Unit with mutual understanding with client shall indicate the appropriate timeframe for corrective action.	
Auditor signature:	
<b>Identify the root cause:(by the client)</b>   <b>Proposed Corrective Action including completion date: (by the client)</b>   	
<b>Client Representative (Name):</b>	<b>Sign:</b>
<b>Auditor sign:</b>	
<b>Verification (by auditor)</b>  Corrective actions taken:      Effect <input type="checkbox"/> Not effect <input type="checkbox"/>	
<b>Remarks:</b>	
NCR Close? Yes <input type="checkbox"/> No <input type="checkbox"/>	Closed-out date:      Approved by auditor:

# Internal Audit Report *(Format)*

Report Dated:

**Prepared by:**

*Name of Audit Group Leader*

*Name of Auditor*

**Contents**

**Page**

---

Section 1.0	Executive summary
Section 2.0	Audit Program
Section 3.0	Findings
Section 4.0	Audit Summary Report
Section 5.0	Attachments

---

**Approved by:** *The Director of Internal Audit*

**Date:**

## SECTION 1.0 EXECUTIVE SUMMARY

- *Type of audit*
- *Stage of audit*
- *Auditee: Name of organization and type of operation*

## SECTION 2.0 DECLARATIONS OF SECRECY AND CONFIDENTIALITY

### DECLARATION OF NO CONFLICT OF INTEREST (FOR AUDITORS/TECHNICAL EXPERTS)

---

I/WE, HEREBY DECLARED THAT I HAVE NO CONFLICT OF INTEREST WHATSOEVER WITH THE NAMED APPLICANT FACULTY/DEPARTMENT/CENTRE/UNIT/RESIDENTIAL COLLEGE:

*Name and Address of Auditee*

- THAT I HAVE NOT GIVEN CONSULTATION NOR HAVE ANY VESTED INTEREST IN THE ORGANIZATION;
- AND I AM ABLE TO CONDUCT AUDITS ON BEHALF OF SAFETY AND HEALTH UNIT OF UNIVERSITI TEKNOLOGI MALAYSIA.

DULY SIGNED:

NAME OF AUDITORS	SIGNATURE	DATE
<i>(Group Leader)</i>		
<i>(Auditors)</i>		
<i>(Representatives)</i>		

## SECTION 3.0 AUDIT PROGRAM

3.1 Audit date:

3.2 Auditee:

3.3 Operations:

3.4 Audit Objectives:

3.5 Audit Scope:

3.6 Audit activities:

3.7 Audit Methodology for qualitative and quantitative data collections:

3.8 Auditor:

	<b>Name</b>	<b>Position</b>
1.		Group leader
2.		Auditor

3.9 Auditees:

	<b>Name</b>	<b>Position</b>
1.		
2.		
3.		
4.		
5.		

## SECTION 4.0 DETAILS FINDINGS

Observe state						
Finding						
Evaluation ( <i>Please tick</i> )	MR		Major NCR*		Minor NCR*	OFI
Auditee						
Evidence reviewed						

(\*) Each finding shall be attached together with Corrective Action Request report (CAR).

## SECTION 5.0 STANDARD OSHMS FORMAT/ OSHMS CROSS REFERENCE

*Standard OSHMS format for audit criteria*

## SECTION 6.0: AUDIT SUMMARY

Evaluation of findings	Quantity
Meet requirements	
Major non conformances	
Minor non conformances	
Opportunities for improvement	
Verbal improvement	

## SECTION 7.0 ATTACHMENTS

1. Attendance Sheet and Opening/Closing Meeting Records
2. Corrective Action Requests (CARs)
3. Audit sheet record



## CLIENT FEEDBACK FORM

OSHE UNIT greatly values your feedback on our services. In line with our mission to be the preferred certification body, we appreciate if you could rate the performance of our auditor/s and the effectiveness of the auditing process.

Your feedback will be treated as private and confidential as it will be used to maintain and improve the quality of the service to all our clients.

Organization:

Name of Auditor:

Please rate by marking (✓) for each criterion given below:

AUDITOR	EXCELLENT	VERY GOOD	GOOD	POOR	VERY POOR
Punctuality					
Knowledgeable, Informative					
Diplomatic					
Helpful					
Oral communication					
Relevance of question					
Attire					

EXCELLENT

AUDIT	EXCELLENT	VERY GOOD	GOOD	POOR	VERY POOR
Standard of opening meeting					
Standard of closing meeting					
Objectivity of audit findings					
Summary report was clear and acceptable					

Overall Comment:

.....  
 .....  
 .....  
 .....

Thank you

Name:

Signature:.....

Date:.....

Return To:  
OSHE UNIT

## Checklist audit compliance to MS1722:2011

## Sites Audited:

MS 1722:2005		FUNCTION / DEPARTMENTS PLEASE (/) IF NECESSARY							CAR/ Observation		
Clause									Major CAR	Minor CAR	Observation
3	The OSHMS in the organization										
3.1	Policy										
3.1.1	OSH Policy										
3.1.2	Employee Participation										
3.2.1	Responsibility and Accountability										
3.2.2	Competence and Training										
3.2.3	OSHMS Documentation										
3.2.4	Communication										
3.3.1	Initial Review										
3.3.2	System Planning, Development & Implementation										
3.3.3	OSH Objectives										
3.3.4.1	Prevention & Control Measures										
3.3.4.2	Management of Change										
3.3.4.3	Emergency Prevention, Preparedness, & Response										
3.3.4.4.1	Procurement										
3.3.4.4.2	Contracting										
3.4.1	Performance Monitoring & Measurement										
3.4.2	Investigation of Work – related injuries, disabilities, Ill Health, Diseases & Near-misses & Their Impact on Safety & Health Performance										
3.4.3	Audit										
3.4.4	Management Review										
3.5.1	Preventive & Corrective										
3.5.2	Continual Improvement										
TOTAL											