



DEPARTMENT OCCUPATIONAL SAFETY AND  
HEALTH MALAYSIA

DS-188: 1/3

FORM I

REGISTRATION FORM TRAINING COURSE CENTRE

**SECTION A**

**GENERAL INFORMATION**

- i. **Name of Trainer Centre** :
- ii. **Mailing Address** :
- iii. **Address of Courses Conducted** :
- iv. **No. Telephone / Fax / E-Mail** :
- v. **Contact Person Name & Position** :
- vi. **Level Courses Available** : ☐ Degree ☐ Diploma ☐ Certificate
- vii. **Courses Name Available** : ☐ Scaffolding ☐ Crane Operator ☐ Safety & Health Officer
- viii. **Level & Type** :
- a. Scaffolding : ☐ Basic ☐ Intermediate ☐ Advance
- Type ☐ Frame ☐ Tubular
- b. Crane Operator : ☐ Tower ☐ Mobile ☐ Crawler
- ix. **Other (please specify):**

**SECTION B****TRAINING FACILITIES :**

- i. **Lecture room** :
- a. Number :
- b. Load :

- ii. **Address** :
- Practical Training**

- iii. **Training of area :**

- iv. **Teaching tools** :

Yes No Incomplete

- a. Black Board

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- b. 'Overhead / LCD / Slide Projector' \*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- c. Television

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- d. Video

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- e. Lecture notes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- f. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- v. **Equipment Training/ Practical:**

Yes No Incomplete

- a. Equipment / Components Cranes (*Please specify*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- b. Equipment / Components Scaffoldings (*Please specify*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- c. Cranes (Mobile / Tower / Crawler)\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- d. Personal Protection Equipment (P.P.E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- e. First Aid Box

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- f. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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vi. **Trainer and Assessor information**

Please list information the trainer and assessor related courses according to the information required in the registration guidelines for teaching centre.

vii. **Equipment List in use for Practical Training**viii. Information Resources( *Please tick in the appropriate box 4* )

No.	Criteria	Yes	No	Not Related
a.	Preparation Course Notes			
b.	Preparation References as the Act, Rules, "Codes of practices" etc.			
c.	Written Examination			
d.	Examination Oral Test			
e.	Reports / Practical Training Papers			
f.	Practical Training Examination			
g.	Grading / Marking System			
h.	Involvement Lecturer / External Assessor			
i.	Feedback Form Program Evaluation Course by Course Participants			
j.	Program Planning and Review			
k.	Participant Record Keeping			