



**SENARAI SEMAK PENGUATKUASAAN SELF- ASSESSMENT NOISE INTEGRATED AND  
COMPREHENSIVE ENFORCEMENT (NICE) BAGI PENGUATKUASAAN PERATURAN-PERATURAN  
KESELAMATAN DAN KESIHATAN PEKERJAAN (PENDEDAHAN BISING) 2019**

**MAKLUMAT AM**

**1. MAKLUMAT TEMPAT KERJA**

Nama Syarikat : .....  
Alamat : .....  
  
Poskod / Bandar : .....  
Negeri : .....  
Pegawai Dihubungi : .....  
No. Telefon : .....  
E-mel : .....  
No. Daftar JKPP : .....  
Bil. Pekerja: Lelaki: : .....  
Perempuan : .....  
Tarikh Tempat Kerja Mula Beroperasi : .....  
Tarikh Penguatuasaan *Self-Assessment* : .....

**2. SEKTOR :**

**JENIS AKTIVITI :** .....

Sila tanda (✓) pada kotak yang berkenaan:

<input type="checkbox"/>	Pengilangan	<input type="checkbox"/>	Kemudahan Elektrik	<input type="checkbox"/>	Penyimpanan	<input type="checkbox"/>	Perdagangan Borong
<input type="checkbox"/>	Perlombongan	<input type="checkbox"/>	Kemudahan Gas	<input type="checkbox"/>	Komunikasi	<input type="checkbox"/>	Perdagangan Runcit
<input type="checkbox"/>	Pembinaan	<input type="checkbox"/>	Kemudahan Air	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Perkhidmatan Perniagaan
<input type="checkbox"/>	Penguarian	<input type="checkbox"/>	Perkhidmatan	<input type="checkbox"/>	Restoran	<input type="checkbox"/>	Perkhidmatan Awam
<input type="checkbox"/>	Pertanian	<input type="checkbox"/>	Per bersihan	<input type="checkbox"/>	Kewangan	<input type="checkbox"/>	Pihak Berkusa Berkanun
<input type="checkbox"/>	Perhutanan			<input type="checkbox"/>	Insurans	<input type="checkbox"/>	Lain-lain (sila nyatakan)
<input type="checkbox"/>	Perikanan			<input type="checkbox"/>	Hartanah		.....
<input type="checkbox"/>	Pengangkutan			<input type="checkbox"/>	Perdagangan		.....
					Runcit		

**ARAHAN:**

1. Tandakan (✓) bagi elemen yang dipatuhi di ruangan petak yang disediakan. Rujuk panduan perlaksanaan bagi penerangan selanjutnya.
2. Bukti pematuhan hendaklah dilampirkan bersama senarai semak ini. Sekiranya tidak dilampirkan, kriteria berkenaan akan dianggap sebagai **TIDAK PATUH**.

Bil	Perkara	Status Pematuhan	Panduan Pelaksanaan	Bukti Pematuhan
1.	Pengenalpastian Bising Berlebihan oleh majikan  (i) sahaja <input type="checkbox"/> (ii) sahaja <input type="checkbox"/> (iii) sahaja <input type="checkbox"/>  Tarikh Pengenalpastian:  .....	i. Telah menjalankan pengenalpastian untuk semua kawasan tempat kerja ii. Telah menjalankan pengenalpastian untuk sebahagian kawasan tempat kerja iii. Tidak menjalankan pengenalpastian	Rujuk Senarai Semak pengenalpastian bising berlebihan Tataamalan Industri Bagi Pengurusan Pendedahan Bising Pekerjaan Dan Pemuliharaan Pendengaran 2019 (Lampiran 1)	Lampirkan Senarai Semak Pengenalpastian Bising Berlebihan
2.	Pengenalpastian Bising Berlebihan Semula  (i) sahaja <input type="checkbox"/> (ii) sahaja <input type="checkbox"/> (iii) sahaja <input type="checkbox"/>  Tarikh Pengenalpastian:  .....	i. Telah menjalankan pengenalpastian bising berlebihan semula ii. Tidak menjalankan pengenalpastian bising berlebihan semula iii. Tidak perlu menjalankan pengenalpastian bising berlebihan semula	i. Majikan hendaklah mengenalpasti semula bising berlebihan jika terdapat perubahan pada jentera, kelengkapan, proses, kerja, langkah-langkah kawalan, operasi atau keadaan lain yang berkemungkinan menyebabkan mana-mana pekerja di tempat kerja akan terdedah kepada bising berlebihan.	Lampirkan Senarai Semak Pengenalpastian Bising Berlebihan

Bil	Perkara	Status Pematuhan	Panduan Pelaksanaan	Bukti Pematuhan
3.	Penaksiran Risiko Bising (NRA) (i) sahaja <input type="checkbox"/> (ii) sahaja <input type="checkbox"/> (iii) sahaja <input type="checkbox"/>  Tarikh NRA dijalankan: .....  Nama Penaksir Risiko Bising: .....  No. Pendaftaran: .....  .....	i. Telah menjalankan penaksiran risiko bising ii. Tidak menjalankan penaksiran risiko bising iii. Tidak perlu menjalankan penaksiran risiko bising jika tempat kerja tiada bising berlebihan (< 82 dB(A)).	i. Penaksiran Risiko Bising dijalankan sekiranya keputusan Senarai Semak Pengenalpastian Bising Berlebihan menunjukkan terdapat bising berlebihan. ii. Melantik Penaksir Risiko Bising untuk menjalankan penaksiran risiko bising	Lampirkan Laporan Penaksiran Risiko Bising yang disediakan oleh Penaksir Risiko Bising.
4.	Ujian Audiometrik (i) sahaja <input type="checkbox"/> (ii) sahaja <input type="checkbox"/> (iii) sahaja <input type="checkbox"/>  Nama Pusat Ujian Audiometrik: .....  No. Pendaftaran Pusat Ujian Audiometrik: .....  .....	i. Ujian audiometrik dijalankan setiap tahun oleh Pusat Ujian Audiometrik (PUA) yang diluluskan oleh Jabatan ii. Tidak menjalankan ujian audiometrik iii. Tidak perlu menjalankan ujian audiometrik jika tempat kerja tidak melebihi Had Pendedahan Bising (< 85 dB(A)).	Majikan perlu menjalankan ujian audiometrik kepada pekerja yang terdedah kepada Had Bising Berlebihan (< 85 dB(A)) setiap tahun	Lampirkan Laporan Audiometrik terkini oleh Pusat Ujian Audiometrik

Bil	Perkara	Status Pematuhan	Panduan Pelaksanaan	Bukti Pematuhan
	<p>Nama OHD yang menyelia: .....</p> <p>Tarikh Ujian Audiometrik Terkini: .....</p>			

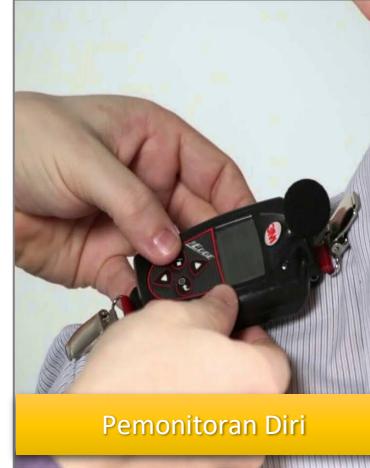
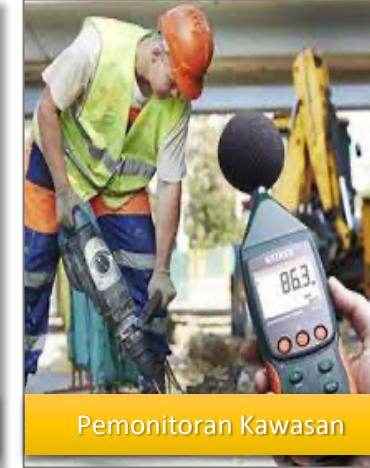
Saya dengan ini mengesahkan segala maklumat yang diberikan adalah **BENAR**. Sekiranya maklumat yang diberikan adalah tidak benar atau palsu, saya memahami tindakan boleh diambil berdasarkan peruntukan Akta atau Peraturan yang berkaitan.

**Nama** : .....  
**Jawatan** : .....  
**Tarikh** : .....

**T/Tangan** : .....  
**Cop**  
**Rasmi** : .....  
**Syarikat**

## PANDUAN PELAKSANAAN BERGAMBAR

Aktiviti / Perkara	Gambar Panduan (Contoh)																																	
<p>Pengenalpastian Bising Berlebihan oleh majikan</p> <p><b>Tindakan:</b> Rujuk Senarai Semak pengenalpastian bising berlebihan Tataamalan Industri Bagi Pengurusan Pendedahan Bising Pekerjaan Dan Pemuliharaan Pendengaran 2019 (<b>Lampiran 1</b>)</p>	 <div style="border: 1px solid black; padding: 5px;"> <p><b>APPENDIX 1</b> DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH MALAYSIA  <b>CHECKLIST FOR IDENTIFICATION OF EXCESSIVE NOISE</b></p> <p>Organisation/Company Name: _____  DOSH registration number: _____  Nature of Activities/Business: _____  Work Area/Location/Plant/Process: _____</p> <p>*'Yes' to any of the following indicates the possibility of excessive noise.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Excessive Noise Identification Questions</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Is a raised voice needed to communicate with someone about one meter away?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>2. Do your employees notice a reduction in hearing over the course of the day? <small>Example: Need to turn up the radio on the way home, etc.</small></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>3. Are your employees using noisy powered tools or machinery? <small>Example: Power tool/noisy machinery – drill, air compressor, etc.</small></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>4. Are there noises due to impacts or explosive sources? <small>Example: (a) noise due to impact – hammer, pneumatic impact tools (b) explosive source – explosive powered tools, detonators, etc.</small></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>5. Are your hearing protectors (PHP) used for some work?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>6. Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>7. Do your workers experience ringing in the ears or sound heard differently in each ear?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>8. Has any employee start experiencing difficulties in hearing after working here?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>9. Does any equipment have manufacturer's information (including labels) indicating noise levels greater than any of the following: (a) peak sound pressure level of 140 dB(C)? (b) sound pressure level of 82 dB(A)?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td>10. Is the latest noise risk assessment indicates exposure to Noise Exposure Limit?</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </tbody> </table> <p>Assessed by: _____ Verified by: _____ (employer's name)  Date: _____ Company's Stamp: _____</p> </div>	Excessive Noise Identification Questions	Yes	No	1. Is a raised voice needed to communicate with someone about one meter away?			2. Do your employees notice a reduction in hearing over the course of the day? <small>Example: Need to turn up the radio on the way home, etc.</small>			3. Are your employees using noisy powered tools or machinery? <small>Example: Power tool/noisy machinery – drill, air compressor, etc.</small>			4. Are there noises due to impacts or explosive sources? <small>Example: (a) noise due to impact – hammer, pneumatic impact tools (b) explosive source – explosive powered tools, detonators, etc.</small>			5. Are your hearing protectors (PHP) used for some work?			6. Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?			7. Do your workers experience ringing in the ears or sound heard differently in each ear?			8. Has any employee start experiencing difficulties in hearing after working here?			9. Does any equipment have manufacturer's information (including labels) indicating noise levels greater than any of the following: (a) peak sound pressure level of 140 dB(C)? (b) sound pressure level of 82 dB(A)?			10. Is the latest noise risk assessment indicates exposure to Noise Exposure Limit?		
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<p>Penaksiran Risiko Bising (NRA)</p> <p><b>Tindakan:</b> Penaksiran Risiko Bising dijalankan sekiranya keputusan Senarai Semak Pengenalpastian Bising Berlebihan menunjukkan terdapat bising berlebihan.</p>	 <div style="background-color: yellow; color: black; padding: 5px; width: fit-content; margin-left: auto; margin-right: 0;"><b>Pemonitoran Diri</b></div>  <div style="background-color: yellow; color: black; padding: 5px; width: fit-content; margin-left: 0; margin-right: auto;"><b>Pemonitoran Kawasan</b></div>
<p>Ujian Audiometrik</p> <p><b>Tindakan:</b> Majikan perlu menjalankan ujian audiometrik kepada pekerja yang terdedah kepada Had Bising Berlebihan (&lt; 85 dB(A)) setiap tahun</p>	 <div style="background-color: yellow; color: black; padding: 5px; width: fit-content; margin-left: auto; margin-right: 0;"><b>Ujian Audiometrik</b></div>