



SENARAI SEMAK PENGUATKUASAAN SELF - ASSESSMENT ERGONOMIK DI TEMPAT KERJA

MAKLUMAT AM

1. MAKLUMAT TEMPAT KERJA:

Nama Syarikat :

Alamat :

Poskod / Bandar :

Negeri :

Pegawai Dihubungi :

No. Telefon :

E-mel :

No. Daftar JKKP :

Bil. Pekerja: Lelaki :
Perempuan :

Tarikh Tempat Kerja Mula Beroperasi :

Tarikh Penguatkuasaan Self-Assessment :

2. SEKTOR:

<input type="checkbox"/>	Pengilangan
<input type="checkbox"/>	Perlombongan
<input type="checkbox"/>	Pembinaan
<input type="checkbox"/>	Penguarian
<input type="checkbox"/>	Pertanian
<input type="checkbox"/>	Perhutanan
<input type="checkbox"/>	Perikanan
<input type="checkbox"/>	Pengangkutan

<input type="checkbox"/>	Kemudahan Elektrik
<input type="checkbox"/>	Kemudahan Gas
<input type="checkbox"/>	Kemudahan Air
<input type="checkbox"/>	Perkhidmatan
<input type="checkbox"/>	Permbersihan

JENIS AKTIVITI:

<input type="checkbox"/>	Penyimpanan
<input type="checkbox"/>	Komunikasi
<input type="checkbox"/>	Hotel
<input type="checkbox"/>	Restoran
<input type="checkbox"/>	Kewangan
<input type="checkbox"/>	Insurans
<input type="checkbox"/>	Hartanah
<input type="checkbox"/>	Perdagangan Runcit

<input type="checkbox"/>	Perdagangan Borong
<input type="checkbox"/>	Perkhidmatan Perniagaan
<input type="checkbox"/>	Perkhidmatan Awam
<input type="checkbox"/>	Pihak Berkusa Berkanun
<input type="checkbox"/>	Lain-lain (sila nyatakan)

Arahan

1. Tandakan (v) bagi elemen yang dipatuhi di ruangan petak yang disediakan. Rujuk panduan pelaksanaan 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.	Menjalankan pengenalpastian isu ergonomik Ya <input type="checkbox"/> Tidak <input type="checkbox"/>	<p>1. Telah menjalankan pengenalpastian isu ergonomik menggunakan mana-mana kaedah berikut:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self Assesment Musculoskeletal Pain / Discomfort Survey Form <input type="checkbox"/> Walkthrough inspection <input type="checkbox"/> Semakan rekod <input type="checkbox"/> Lain-lain: 	<p>Self Assesment Musculoskeletal Pain / Discomfort Survey Form - Pekerja mengemukakan aduan berkaitan risiko ergonomik yang dialami kepada majikan menggunakan saluran ini.</p> <p>Walkthrough inspection - <i>Initial ERA</i> dijalankan oleh ETP secara walkthrough di tempat kerja / proses</p> <p>Semakan rekod - <i>Initial ERA</i> dijalankan oleh ETP berdasarkan dokumen pengenalpastian risiko sediada</p>	1. Borang <i>muskeleskeletal pain</i>
2.	Menjalankan pengenalpastian faktor-faktor risiko ergonomik Ya <input type="checkbox"/> Tidak <input type="checkbox"/>	<p>1. Telah menjalankan pengenalpastian faktor-faktor risiko ergonomik melalui:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial Ergonomic Risks Assessment (Initial ERA) <input type="checkbox"/> Lain-lain: <p>2. <i>Initial ERA</i> yang dijalankan merangkumi:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Semua kawasan / proses <input type="checkbox"/> Sebahagian kawasan / proses <p>3. Faktor-faktor risiko ergonomik yang telah dikenalpasti melalui <i>Initial ERA</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Awkward posture <input type="checkbox"/> Forceful and sustained exertion <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Static and sustained posture <input type="checkbox"/> Vibration <input type="checkbox"/> Contact stress <input type="checkbox"/> Persekutran - Kebisingan <input type="checkbox"/> Persekutran - Getaran <input type="checkbox"/> Persekutran - Pencahayaan <input type="checkbox"/> Persekutran - Suhu panas / sejuk melampau 	<p>1. Majikan melantik mana-mana ETP yang diiktiraf oleh JKPP untuk menjalankan <i>Initial ERA</i> di tempat kerja.</p> <p>2. Menggunakan Senarai Semak <i>Initial ERA</i> (Lampiran 6) yang terdapat di dalam Garis Panduan Penaksiran Risiko Ergonomik di Tempat Kerja 2017</p>	1. Laporan <i>Initial ERA</i>
3.	* Menjalankan penilaian <i>Advance ERA</i> Ya <input type="checkbox"/> Tidak <input type="checkbox"/>	<p>1. <i>Advance ERA</i> telah dijalankan menggunakan ergonomic tools:</p> <ul style="list-style-type: none"> <input type="checkbox"/> RULA <input type="checkbox"/> REBA <input type="checkbox"/> ROSA <input type="checkbox"/> MAC <input type="checkbox"/> OCRA <input type="checkbox"/> OWAS <input type="checkbox"/> Lain-lain: 	<p>1. Majikan melantik mana-mana ETP yang diiktiraf oleh JKPP untuk menjalankan <i>Advance ERA</i> ke atas tempat / proses kerja yang telah dikenalpasti melalui <i>Initial ERA</i> yang telah dilakukan sebelumnya.</p> <p>2. <i>Advance ERA</i> menggunakan mana-mana <i>ergonomics tool</i> yang sesuai dengan faktor risiko yang terlibat</p>	1. Laporan <i>Advance ERA</i>
	Maklumat Ergonomic Trained Person (ETP): Nama Penaksir (<i>Trained Person</i>): Jawatan: Tarikh <i>Initial ERA</i> dijalankan: Kawasan/ proses penilaian dijalankan:			
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	<i>* Sila abaikan sekiranya tiada keperluan menjalankan Advance ERA</i>			

4. Melaksanakan langkah-langkah kawalan / penambahbaikan yang telah dicadangkan oleh ETP Ya <input type="checkbox"/> Tidak <input type="checkbox"/>	1. Status langkah-langkah kawalan yang telah dilaksanakan: <input type="checkbox"/> Sepenuhnya <input type="checkbox"/> Sebahagian	1. Melaksanakan langkah-langkah kawalan yang telah dicadangkan oleh ETP di dalam laporan penaksiran	1. Pelan tindakan kawalan ergonomik 2. Gambar sebelum dan selepas pelaksanaan kawalan
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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 :

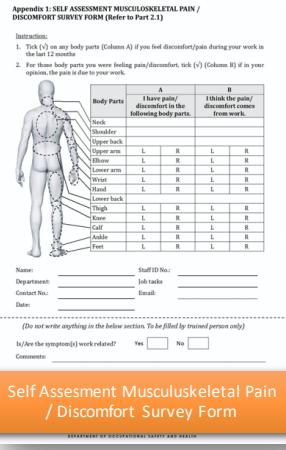
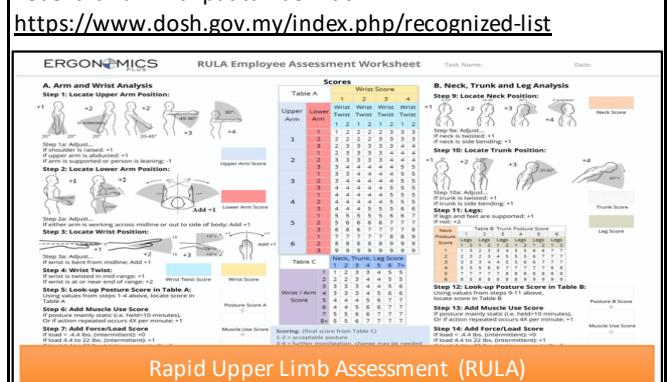
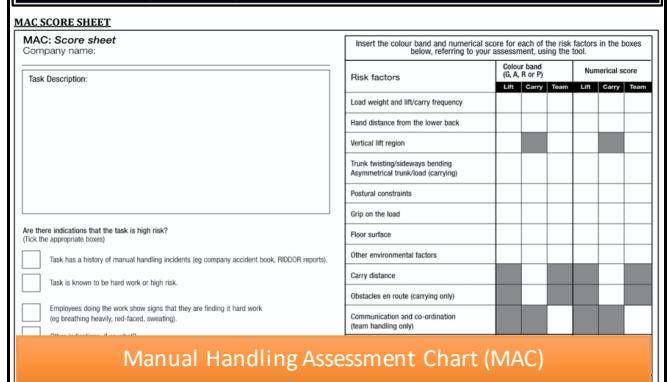
Jawatan :

Tarikh :

T/Tangan :

Cop Rasmi Syarikat :

Senarai Semak Penguatkuasaan Self - Assessment Ergonomik di Tempat Kerja

Panduan Pelaksanaan	Gambar Panduan (Contoh)																																																																		
<p>Menjalankan pengenalpastian isu pengendalian manual</p> <p>Tindakan:</p> <ul style="list-style-type: none"> (i) Self Assesment Musculoskeletal Pain / Discomfort Survey Form - Pekerja mengemukakan aduan berkaitan risiko ergonomik yang dialami kepada majikan menggunakan saluran ini. (ii) Walkthrough inspection - Initial Ergonomics Risk Assessment (Initial ERA) dijalankan oleh ETP secara walkthrough di tempat kerja / proses. (iii) Semakan rekod - Initial ERA dijalankan oleh ETP berdasarkan dokumen pengenalpastian risiko sediada 	 <p style="text-align: center;">Self Assesment Musculoskeletal Pain / Discomfort Survey Form</p>  <p style="text-align: center;">Walkthrough Inspection</p>  <p style="text-align: center;">Semakan Rekod</p>																																																																		
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: left; padding-bottom: 2px;">Appendix 6: INITIAL ERGONOMICS RISK ASSESSMENT CHECKLIST <small>(Refer Part 3)</small></th> <th colspan="2" style="text-align: right; padding-bottom: 2px;">Initial ERA Form</th> </tr> <tr> <th style="text-align: left;">Ergonomics risk factors: awkward posture</th> <th style="text-align: left;">Physical Risk Factor</th> <th style="text-align: left;">Max Exposure Duration</th> <th style="text-align: left;">Please tick (/)</th> <th style="text-align: left;">Risk factors</th> <th style="text-align: left;">Total Score</th> <th style="text-align: left;">Minimum requirement for advanced assessment</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="vertical-align: top;"> Shoulders Working with hand above the head OR the elbow above the shoulder Working with shoulder raised Work repetitively by raising the hand above the head OR the elbow above the shoulder more than once per minute Working with head bent downwards more than 45 degrees Working with head bent backwards Working with head bent sideways Working with back bent forward more than 30 degrees OR bent sideways Working with body twisted Working with wrist flexion OR radial/ulnar deviation more than 15 degrees Working with arm extended forward more than 20 degrees OR arm extended backward more than 20 degrees. </td> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td style="text-align: left;">Awkward Posture</td> <td style="text-align: left;">13</td> <td style="text-align: left;">≥ 6</td> </tr> <tr> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td style="text-align: left;">Sustained Work Posture</td> <td style="text-align: left;">3</td> <td style="text-align: left;">≥ 1</td> </tr> <tr> <td rowspan="2" style="vertical-align: top;"> Head Working with head bent sideways Working with back bent forward more than 30 degrees OR bent sideways Working with body twisted Working with wrist flexion OR radial/ulnar deviation more than 15 degrees </td> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td style="text-align: left;">Forward Bending</td> <td style="text-align: left;">1</td> <td style="text-align: left;">1</td> </tr> <tr> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">More than 2 hours per day</td> <td style="text-align: left;">Yes <input type="checkbox"/> No <input checked="" 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More than 2 hours per day	More than 2 hours per day	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Vibration	4	≥ 1	More than 2 hours per day	More than 2 hours per day	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lighting	1	1	Hand/Wrists Working with arm abduction sideways Working with arm extended forward more than 20 degrees OR arm extended backward more than 20 degrees.	More than 4 hours per day	More than 4 hours per day	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Temperature	1	1	More than 2 hours per day	More than 2 hours per day	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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<p>Menjalankan penilaian Advanced ERA</p> <p>Tindakan:</p> <ol style="list-style-type: none"> 1. Majikan melantik mana-mana ETP yang diiktiraf oleh JKKP untuk menjalankan <i>Advanced ERA</i> ke atas tempat / proses kerja yang telah dikenalpasti melalui <i>Initial ERA</i> yang telah dilakukan sebelumnya. 2. <i>Advanced ERA</i> menggunakan mana-mana <i>ergonomics tool</i> yang sesuai dengan faktor risiko yang terlibat 	<p>Rujuk senarai ETP <i>Advanced ERA</i> yang telah mendapat kebenaran JKKP di pautan berikut:</p> <p>https://www.dosh.gov.my/index.php/recognized-list</p>																																																																		
	 <p style="text-align: center;">Rapid Upper Limb Assessment (RULA)</p> <p style="text-align: center;">Copyrighted from Ergonomics Plus</p>																																																																		
	 <p style="text-align: center;">Manual Handling Assessment Chart (MAC)</p>																																																																		

Senarai Semak Penguatkuasaan Self - Assessment Ergonomik di Tempat Kerja

Panduan Pelaksanaan	Gambar Panduan (Contoh)																																																																																										
	<div style="border: 1px solid black; padding: 5px;"> <p>Signature:</p> <p>Example 1: Section A - Chair</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Chair Height</th> <th style="text-align: right;">Area Score</th> <th style="text-align: right;">2</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Non-Adjustable (+1)</td> <td></td> </tr> <tr> <td>Knees at 90°(1)</td> <td style="text-align: center;">2</td> <td>Too low - Knee Angle < 90°(2)</td> <td>Too High - Knee Angle >90°(3)</td> <td>No foot contact on ground (3)</td> <td>Insufficient Space Under desk Ability to Cross Legs (+1)</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Pan Depth</th> <th style="text-align: right;">Area Score</th> <th style="text-align: right;">3</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Non-Adjustable (+1)</td> <td></td> </tr> <tr> <td>Approximately 3 inches of space between knee and edge of seat (1)</td> <td style="text-align: center;">2</td> <td>Too Long - Less Than 3" of space (2)</td> <td>Too Short - More than 3" of space (2)</td> <td></td> <td style="text-align: right;">1</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Armrest</th> <th style="text-align: right;">Area Score</th> <th style="text-align: right;">3</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Non-Adjustable (+1)</td> <td></td> </tr> <tr> <td>Elbows supported in line with shoulders (1)</td> <td style="text-align: center;">2</td> <td>Too high (shoulders shrugged) / Low (Arms unsupported) (2)</td> <td>Hard/damaged surface (+1)</td> <td>Too wide (+1)</td> <td style="text-align: right;">1</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Back support</th> <th style="text-align: right;">Area Score</th> <th style="text-align: right;">3</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Back rest non-adjustable (+1)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	Chair Height					Area Score	2						Non-Adjustable (+1)		Knees at 90°(1)	2	Too low - Knee Angle < 90°(2)	Too High - Knee Angle >90°(3)	No foot contact on ground (3)	Insufficient Space Under desk Ability to Cross Legs (+1)		Pan Depth					Area Score	3						Non-Adjustable (+1)		Approximately 3 inches of space between knee and edge of seat (1)	2	Too Long - Less Than 3" of space (2)	Too Short - More than 3" of space (2)		1		Armrest					Area Score	3						Non-Adjustable (+1)		Elbows supported in line with shoulders (1)	2	Too high (shoulders shrugged) / Low (Arms unsupported) (2)	Hard/damaged surface (+1)	Too wide (+1)	1		Back support					Area Score	3						Back rest non-adjustable (+1)									Rapid Office Strain Assessment (ROSA)					
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