

**JABATAN KESELAMATAN DAN KESIHATAN PEKERJAAN, MALAYSIA**

**Application for Renewal as a Competent Person Grade I/II/III**

**A. PARTICULARS OF APPLICANT**

File No: .....

Registration No: .....

Expiry Date: .....

1. I ..... N.R.I.C. No. ....  
a competent/assistant-competent person employed by ..... would like to  
apply for renewal of registration as a Competent Person Grade I/II/III/\*\* for the next three (3)  
years.

2. Enclosed herewith please find document\* to support my application for the purpose.

Date: .....  
.....  
(Signature of Applicant)

**B. JKPP STATE OFFICE COMMENT**

Mr . .....N.R.I.C. No . .....

who is registered as a Competent Person Grade I/II/III/\*\*, has successfully fulfill duties as  
prescribed under Clause 5 of these guidelines.

I have no objection for the Department to renew his registration as a competent person (design  
and/or construction, installation tests and/or maintenance) for the next three (3) years.

Date:.....  
.....  
Director,  
Department of Occupational  
Safety and Health . .....

**Document includes latest inspection report, medical examination report and any other  
document deems appropriate.**

\* Proof of minimum number of inspection per year

\*\* Please delete those which is not applicable

## JABATAN KESELAMATAN DAN KESIRATAN PEKERJAAN, MALAYSIA

**Declaration By a Grade I/II/III Competent Person**

Name: ..... N.R.I.C. No . .....

Name and Address of Approved Firm:

.....

.....

.....

.....

I hereby declare the followings is under my supervision:-

1. Number of new lift/escalator/dumbwaiter installed: .....
2. Number of lift/escalator/dumbwaiter maintained: .....
3. Name or brand of lift/escalator/dumbwaiter maintained other than the brand of lift/escalator/dumbwaiter approved:

PMA	Location	Lift Brand	Lift/Escalator/Dumbwaiter

Date: .....  
 .....  
 (Signature of a competent person)

In the presence of the Approved Lift Firm's C.E.O/M.D./G.M:

Date: .....  
 .....  
 (Signature of C.E.O/M.D./G.M.)

.....  
 Company's Official Stamp

# BORANG PEMERIKSAAN LIF

No Pendaftaran OYK \_\_\_\_\_

BIL	Tarikh Pemeriksaan	LOKASI	NO. PMA	JENIS PEMERIKSAAN		JENIS JENTERA						Nama Pemeriksa JKPP	Tanda Tangan
				Pertama	Ulangan	LIF			Travelator	Eskalator	Dumwaiter		
						Penumpang	Barang	OKU					
1													
2													
3													
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26													
27													
28													
29													
30													
				Total Unit Pemeriksaan									

**Total Keseluruhan Unit Pemeriksaan :**

.....  
**Tanda Tangan Orang Yang Kompeten Lif**

**Nama :**

**Cop Pengesahan**



**TEST REQUIREMENT**

		Is test satisfactory ?	Date Tested
<b>a) Car buffer test</b>			
i) at no load inspection speed	(every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>b) Conterweight buffer test</b>			
i) at no load inspection speed	(every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>c) Car safety gear test</b>			
i) at no load inspection speed	(every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>d) Counterweight safety gear test</b>			
i) at no load inspection speed	(every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>e) Governor tripping speed test</b>	(every 5 years)		
i) Electrical tripping speed _____	mpm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) Mechanical tripping speed _____	mpm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>f) Car door locking device</b>			
i) Prevent trapped passenger from self rescue		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>g) EBOPS (Emergency Battery Operated Power Supply)</b>			
i) Car lighting _____	hr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) Car ventilation fan _____	hr(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>h) Fire operation (TNB Power)</b>			
i) Lift homing to fire service access level;		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) Firefighting lift operation or;		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
iii) Document certified by fire Department		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>i) Load weighing calibration</b>			
i) test manually at no load		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
ii) test with rated load	(every 45 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
<b>j) Brake Test</b>			
i) test with 125% rated load	(every 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____

**Comment :**

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Inspector Signature

\_\_\_\_\_

Name :

Jabatan Keselamatan Dan Kesihatan Pekerjaan

Date of Inspection : \_\_\_\_\_

Competent Person Signature

\_\_\_\_\_

Name :

**ELECTRIC PASSENGER / GOODS / HYDRAULIC LIFT / DUMBWAITER**

Registration No. PMA : \_\_\_\_\_ Lift No. \_\_\_\_\_  
Design File No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

Building Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Inspection Date \_\_\_\_\_ Maker \_\_\_\_\_

Contract Speed \_\_\_\_\_ Serial No. \_\_\_\_\_

Contract Load \_\_\_\_\_ kg \_\_\_\_\_ Passenger \_\_\_\_\_ Year Mfg. \_\_\_\_\_

No. of Opening \_\_\_\_\_ Power \_\_\_\_\_ Model \_\_\_\_\_

No. of Floors Served \_\_\_\_\_ Travel of Lift \_\_\_\_\_ m

Suspended Lift Pit Approval \_\_\_\_\_ Approval Ref : \_\_\_\_\_ Date \_\_\_\_\_

Other Approval \_\_\_\_\_

\_\_\_\_\_ Approval Ref : \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approval Ref : \_\_\_\_\_ Date \_\_\_\_\_

**Exemptions**

Reduced dia. Governor rope \_\_\_\_\_ Exemption Ref : \_\_\_\_\_ Date \_\_\_\_\_

Reduced dia. Suspension rope \_\_\_\_\_ Exemption Ref : \_\_\_\_\_ Date \_\_\_\_\_

Reduced buffer stroke \_\_\_\_\_ Exemption Ref : \_\_\_\_\_ Date \_\_\_\_\_

Other Exemption \_\_\_\_\_

\_\_\_\_\_ Exemption Ref : \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Exemption Ref : \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Exemption Ref : \_\_\_\_\_ Date \_\_\_\_\_

**Remarks** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector Signature

Name: .....

Jabatan Keselamatan dan Kesihatan Pekerjaan

( )

Serial no. of lift : \_\_\_\_\_

Reg.	Description	Inspector's check figure	Requirements / Remarks
<b>MACHINE ROOM</b>			
8(7)	Drum/Sheave dia. Ratio : 1	mm	Min. 40 : 1
8(12)(a)	Span of support beam	mm	
9(2)(b)	Machine/wall clearance	mm	
9(2)(d)	Clear height machine room	mm	Min. 2000mm
	Machine to ceiling/beam clearance	mm	Min. 700mm
23(2)	Governor tripping speed	cwt. Car m/min	See table II
23(4)	Governor rope dia.	cwt. Car mm/Ø	
27(1)	Suspension rope dia.	mm/Ø	Min. 10mm/Ø
27(2)	Suspension of ropes		Min. 3 ropes
Safe access to lift machine room <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Good		Traction sheave roping <input type="checkbox"/> Sgl <input type="checkbox"/> Dbl	
M/R securely locked with siagnages <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Good		Sheave guarding <input type="checkbox"/> No <input type="checkbox"/> Good	
M/R or M/c space exhaust fan/air-con <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Good		13 amps point <input type="checkbox"/> No <input type="checkbox"/> Good	
M/R or machine space lighting <input type="checkbox"/> No <input type="checkbox"/> Good		EBOPS for car light and fan <input type="checkbox"/> No <input type="checkbox"/> Good	
Machine room fire extinguisher <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Good		Governor overspeed switch <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Good	
<b>CAR TOP</b>			
25	Car top clearance	mm	
	Cwt. Top clearance	mm	
14(4)	Car frame crosshead	mm	
21(6)	Max. dist. between guide bracket	mm	
11(5)	Fascia plate/car nosing clearance	mm	Max. 130mm
11(6)	Car/wall clearance	mm	Min. 25mm
	Cwt./wall clearance	mm	Min. 25mm
29(1)	Car/cwt. Clearance	mm	Min. 40mm
26(5)	Cam length	mm	Min. 610mm
Final top limit switch <input type="checkbox"/> No <input type="checkbox"/> Good		Car top railing <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Emergency hatch switch <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Car top light <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Safety gear switch <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Car ventilation fan <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Car sheave roping <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1		Cwt Sheave roping <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1	
Emergency terminal speed limiting device <input type="checkbox"/> NP <input type="checkbox"/> Yes		Preset speed limit m/min	
Non-stop zone emergency door with special lock <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good			
Landing door switch <input type="checkbox"/> No <input type="checkbox"/> Good		Design landing door key <input type="checkbox"/> No <input type="checkbox"/> Good	

Reg.	Description	Inspector's check figure	Remarks
<b>LIFT CAR</b>			
7(2)(a)	Car width (w) x depth (d)	mm	See table I
11(4)	Landing threshold/car nosing clearance	mm	Min. 15mm Max. 40mm
12(3)	Lift well side landing door/landing threshold	mm	Max. 70mm
12(4)	Landing door/car door clearance	mm	Max. 150mm
12(2)	Landing door height	mm	Passenger - Min.2000mm
15(1)	Car door height	mm	Goods - Min.1830mm
14(7)	Car enclosure height	mm	
Toughened/shatter proof glass/mirror in car <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good ( Spec. No. _____ )			
Car door safety <input type="checkbox"/> edge <input type="checkbox"/> sensor <input type="checkbox"/> light		Car Interior light <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Car intercom system <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Car load weighing device <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Emergency alarm bell <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Car locking device <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
<b>LIFT PIT</b>			
10(5)(b)	Fully compressed car buffer/pit floor clearance	mm	Min. 610mm
10(6)	Lift pit depth	mm	
10(8)	Top height counterweight guard	mm	Min. 2000mm
	Bottom clearance cwt. guard	mm	Max. 300mm
	Compensating chain/rope	no(s).	
14(4)	Car bottom span	mm	
24(6)	Buffer stroke -car	mm	See table II
	Buffer stroke -counterweight	mm	See table II
25	Bottom runby -car	mm	Max. 610mm
	Bottom runby -counterweight	mm	Max. 915mm
22(4)	Stopping distance (drop test) - car	mm	See table II
	Stopping distance (drop test) - counterweight	mm	See table II
Suspended lift shaft <input type="checkbox"/> NP <input type="checkbox"/> Yes		Reduced buffer stroke <input type="checkbox"/> NP <input type="checkbox"/> Yes	
Safety gear switch <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Pit emergency stop switch <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Yes	
Car bottom light <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Pit light <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Yes	
Bottom final limit switch <input type="checkbox"/> No <input type="checkbox"/> Good		Pit ladder <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Governor tension switch <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Pit waterproofing <input type="checkbox"/> No <input type="checkbox"/> Good	
Comp. rope tension switch <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good		Oil buffer switches <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Common lift pit guarding <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good			
<b>CHECK ITEMS FOR HYDRAULIC LIFT</b>			
Hydraulic check valve <input type="checkbox"/> NP <input type="checkbox"/> Yes		Hydraulic plunger <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Dia. Of plunger mm/Ø		Slack rope safety <input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
Max. working pressure-hydraulic pump			



**Table II**

Contract speed (m/min)	Max. Governor tripping speed (m/min)	Stopping distance		Min. Buffer Stroke	
		Min. (mm)	Max. (mm)	Spring (mm)	Oil (mm)
0-30	53	150	380	40	70
39	53	150	410	65	70
46	64	150	410	65	70
52	76	205	480	100	70
60	84	230	540	100	70
69	94	255	610		90
76	103	280	680		110
90	120	330	820		160
98	120	330	840		160
105	138	380	990		210
122	156	460	1220		280
137	173	535	1475		350
153	191	635	1730		430
183	226	840	2310		630
214	261	1090	3000		890
244	296	1370	3810		1110
275	331	1650	4650		1410
305	366	2030	5640		1740
336	403	2439	6808		2105
366	439	2845	8025		2505
390	476	3328	9424		2935
427	513	3836	10846		3415
458	549	4395	12446		3910

When emergency terminal speed limiting device is installed, buffer stroke may be reduced to 115% of such reduced striking speed but not less than half the buffer stroke for contract speed not greater than 240 m/min. In any event, the stroke shall not be less than 420 mm; or one third of the buffer stroke for contract speed greater than 240 m/min. but in no case shall the stroke be less than 540 mm.

**Table I**

Car Floor Area (m <sup>2</sup> ) ( ± 0.05 m <sup>2</sup> )	Max. Person	Contract Load (kg)
0.950	5	345
1.115	6	410
1.280	7	480
1.450	8	545
1.600	9	615
1.755	10	685
1.895	11	750
2.055	12	820
2.195	13	885
2.340	14	955
2.480	15	1025
2.620	16	1090
2.740	17	1160
2.835	18	1225
3.000	19	1295
3.130	20	1365
3.250	21	1430
3.370	22	1500
3.485	23	1565
3.605	24	1635
3.735	25	1705

**ESCALATOR / MOVING WALKS**

Date of Inspection : \_\_\_\_\_ Escalator No. \_\_\_\_\_

Registration No. : PMA \_\_\_\_\_

Design File No. : \_\_\_\_\_

Owner's Name : \_\_\_\_\_

Building Name : \_\_\_\_\_

Address : \_\_\_\_\_

Competen Firm : \_\_\_\_\_

Maker : \_\_\_\_\_

Serial No. : \_\_\_\_\_

Year Manufactured : \_\_\_\_\_

Power : \_\_\_\_\_ kw Model \_\_\_\_\_

Maximum Capacity : \_\_\_\_\_ persons / hr.

Location of Escalator : \_\_\_\_\_ floor to \_\_\_\_\_ floor

Exemptions : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector Signature :

\_\_\_\_\_

Name :

Jabatan Keselamatan dan Pekerjaan

( \_\_\_\_\_ )

Date:

	<u>ASNI</u>	<u>CEN/BS</u>	<u>CEN/BS</u>
Inclination : _____ °	30° max.	30°	35°
Vertical Rise : _____ mm	-	-	6m max.
Speed : _____ m/min.	38 m/min. max.	45 m/min. max.	
<u>Step</u> :			
Rise : _____ mm	216mm max.	240mm max.	240mm max.
Depth : _____ mm	400mm min.	380mm min.	380mm min.
Width : _____ mm	406mm ~ 1015mm	580mm ~ 1100mm	580mm ~ 1100mm
Clearance between Skirt panel / step : _____ mm	4.8mm max.	4.0mm max.	4.0mm max.

Balustrade : Plastic / Metallic / Toughened glass. ( spec. \_\_\_\_\_ )

Motor drive connection : Direct / Chain / Gear / Belt / Others. ( \_\_\_\_\_ )

Mechanical tripping speed of governor. : \_\_\_\_\_ m/min.

**Safety devices**

Roller shutter enclosure retraction switch	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Tandem operation of escalator switch	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Synchronised start/stop switch of tandem escalator :	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Key operated start switch			<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Emergency stop switch      Top / Bottom :			<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Handrail finger guard switch      Top right / Top left :			<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Bottom right / Bottom left :			<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Skirt obstruction switch      Top right / Top left :	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Bottom right / Bottom left :	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Combplate switch      Top right / Top left :	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Bottom right / Bottom left :	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Step upthrust switch	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Step demarcation lights      Top / Bottom landings :	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Stop switch in driving station			<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Overspeed governor	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Main drive switch	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Step chain switch	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Anti reverse device	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Electro-mechanical brake switch	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Stop switch in return station	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
Auxiliary brake	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
_____	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good
_____	<input type="checkbox"/>	Na	<input type="checkbox"/>	No	<input type="checkbox"/>	Good

Serial no. of Esc. / Moving Walks : \_\_\_\_\_

EN 115-1:2008 Clause	Description	Inspector's check figure	Remarks
<b>BUILDING INTERFACES</b>			
A.2.1	Clear height above the steps/pallets	mm	Min. 2300mm
A.2.2	Outer edge of handrail to walls or obstacles	mm	Min. 80mm
5.5.2.2	Outer decking to wall or railing	mm	Max. 120mm
A.2.4	Vertical deflector	<input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	Max. 400mm
A.2.5	Unrestricted area	<input type="checkbox"/> No <input type="checkbox"/> Good	Min. 2500mm
<b>SAFETY SIGNS</b>			
Annex G	Mandatory action and prohibition signs	<input type="checkbox"/> No <input type="checkbox"/> Good	
<b>BALUSTRADE</b>			
5.5.2.2	Anti-climbing device	<input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
5.5.2.2	Access restriction device	<input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
5.5.2.2	Anti-slide device	<input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
<b>SKIRTING</b>			
JKKP IS 127/8/1 - Klt.23(21)	Skirt deflector (Brushes / Rubber profiles)	<input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
<b>STEPS</b>			
JKKP IS 127/8/1 - Klt.23(21)	Demarcation yellow lines	<input type="checkbox"/> NP <input type="checkbox"/> No <input type="checkbox"/> Good	
5.3.5	Clearance between two consecutive steps or pallets	mm	Max. 6.0mm
<b>COMBS</b>			
5.7.3.3.1	Mesh depth into grooves of the tread	mm	Min. 4.0mm
5.7.3.3.2	Vertical clearance between comb to step	mm	Max. 4.0mm

