



DEPARTMENT OCCUPATIONAL SAFETY AND
HEALTH MALAYSIA

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"/>
b. 'Overhead / LCD / Slide Projector' *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lecture notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

v. **Equipment Training/ Practical:**

	Yes	No	Incomplete
a. Equipment / Components Cranes (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equipment / Components Scaffoldings (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cranes (Mobile / Tower / Crawler)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal Protection Equipment (P.P.E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. First Aid Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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			