

Occupational Safety & Health Act 1994(Act 514)

Use and Standard of Exposure of Chemicals Hazardous to Health Regulations 2000

SUMMARY REPORT FOR MEDICAL SURVEILLANCE

Name of Workplace.....

Address of Workplace.....

Company revenue/annual income in RM.....

Work unit where workers are in (please v): Production Maintenance Chemical/Heavy Metals
 Laboratories Pesticides Others(to specify):.....

	Range	Date
Workplace exposure monitoring		
Personal exposure monitoring		
Control measure monitoring		

Individual chemical.....

(Use on USECHH 4 form for one chemical only!)

Chemical listed under which schedule under USECHH 2000 Regulations:.....

Date of CHRA conducted(please put not done if CHRA not done).....

Total number of workers in that workplace.....

Total number of exposed workers.....

Type of test performed (please mention specifically each lab investigation done)

.....

.....

EXAMINATION(S) RESULTS		
	Clinical Features & Biological Monitoring	Other test (to specify) Blood/ Spirometry/Urine etc
No. of workers examined		
No of workers with normal results		
No of workers with abnormal results (Occupational caused)		
No of workers with abnormal results (Non-occupational caused)		
No of workers recommended for removal		

Name of Laboratory:.....

I hereby declare that all particulars given in this report are accurate to the best of my knowledge

Name of Occupational Health Doctor:.....

OHD registration no:.....

Name of practice and address:

.....

Duration/experience as medical practitioner (in years)

Tel no: HP no: Fax no:

Valid email address.....

Date:

Signature:

Submit this form within 30 days of completion of medical surveillance to the Director General, Department of Occupational Safety and Health, Level 2, 3, & 4, Block D3, Parcel D, 62530 Putrajaya. Download this form at <http://www.dosh.gov.my>. Please ensure all items in the form are completed. Incomplete forms will be returned.