



GUIDELINES FOR THE REGISTRATION OF ASSESSOR, HYGIENE TECHNICIAN AND OCCUPATIONAL HEALTH DOCTOR

**The Occupational Safety and Health
(Use and Standard of Exposure of Chemical Hazardous to Health)
Regulations, 2000 [P.U. (A) 131]**

**DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH
MINISTRY OF HUMAN RESOURCES
MALAYSIA**

**December 2000
2nd edition, 2006**

**JKKP : GP (I) 05/2006
JKKP/KIM/04/07/C3**



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PREFACE

These guidelines may be cited as the Guidelines for the Registration of Assessor, Hygiene Technician and Occupational Health Doctor (hereinafter referred to as "the guidelines")

This guidelines lay down the qualifications for, the duties of and the procedure for registration of an assessor, a hygiene technician and an occupational health doctor in pursuance to the requirements of the Occupational Safety and Health (Use and Standard of Exposure of Chemical Hazardous to Health) Regulations 2000 [P.U. (A) 131].

The guidelines will be used as the reference for applicants to be registered with the Director General of Occupational Safety and Health either as an assessor, a hygiene technician or an occupational health doctor.

To keep it up to date, it will be reviewed from time to time.

I would like to thank the staffs of the Division of Industrial Health for their effort in the amendment and publication of this guidelines.

Director General
Department of Occupational Safety and Health
Malaysia

December 2000
2nd Edition, 2006



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1. GENERAL

- 1.1 This guidelines stipulate the qualifications for the duties of and the procedure for the registration of;

- a) **An Assessor;**
- b) **A Hygiene Technician;** and
- c) **An Occupational Health Doctor.**

in pursuance to the requirements of the Occupational Safety and Health (Use and Standard of Exposure to Chemicals Hazardous to Health) Regulations, 2000 (hereinafter referred to as "the Regulations").

- 1.2 The Director General of Occupational Safety and Health (hereinafter referred to as "the Director General") will maintain registers of the Assessor, Hygiene Technician, and Occupational Health Doctor.

- 1.3 For the purpose of these guidelines:-

"An Assessor" means an employee or any other person appointed by the employer and registered with the Director General to carry out assessment of risk to health arising from the use of chemicals at work as required by Part IV of the Regulations;

"A Hygiene Technician" means an employee or any other person appointed by the employer and registered with the Director General to carry out chemical exposure monitoring (**Hygiene Technician I**) or to carry out any inspection, examination or test on engineering control equipment (**Hygiene Technician II**) installed in a place of work;

"A medical practitioner" means a person registered under the Medical Act 1971 and possessing a valid Annual Practising Certificate;

"An Occupational Health Doctor" means a medical practitioner who is registered with the Director General to conduct medical surveillance of employees";

"Continuous Education Programme (CEP)" means a course, seminar, conference or other educational programme in occupational safety and health or the equivalent thereof, approved by the Director General as outlined in Appendix 1.

"CPD" means Continuous Programme Development.

"DOSH" means the Department of Occupational Safety and Health, Malaysia.

"Healthy Person" means a person certified healthy by the registered medical practitioner and fit to perform the duties as an Assessor, Hygiene Technician or Occupational Health Doctor.

"Medical surveillance" means the monitoring of workers for the purpose of identifying



changes in health status due to occupational exposure to health hazards at the place of work;

"NIOSH" means the National Institute of Occupational Safety and Health Malaysia;

"OSH" means Occupational Safety and Health.

"Practice in occupational safety and health" means the main job function or responsibility relates to matters pertaining to occupational safety and health (e.g. membership of a safety and health committee); and

"The Act" means the Occupational Safety and Health Act 1994 (Act 514).

2. QUALIFICATIONS AND TRAINING

2.1. General Qualifications

Any person wish to register as an Assessor or Hygiene Technician or an Occupational Health Doctor must fulfil the following requirements:

- a. A Malaysian citizen; or if a foreign resident, must hold a valid Malaysian working permit; and
- b. Must not be less than twenty-one (21) years of age at the time of submitting application; and
- c. Is a healthy person ; and
- d. Has not been found guilty for any act or omission which amounts to professional negligence as a professional engineer or a medical practitioner; and
- e. Has not been convicted of an offence under the Act or regulations made there under; and
- f. Has not been convicted of an offence under any law and sentenced to more than one year imprisonment or a fine of more than two thousand Malaysian Ringgit.

2.2. Assessor

A person applying to be registered with the Director General as an Assessor, in addition to the requirements of paragraph 2.1 above, must at least:-

- a.
 - i. Be a certified industrial hygienist as recognised by the American Board of Industrial Hygiene or by any other accredited certification body recognised by DOSH; and
 - ii. Has passed Part (II) of the examination CHRA for assessors conducted by NIOSH (i.e. Presentation of CHRA report using DOSH CHRA Manual)

OR

- b. i. Possess a degree or postgraduate diploma in occupational safety and health; occupational safety; occupational health; or industrial/occupational hygiene recognised by the Government of Malaysia; and
- ii. Has a minimum of one (1) year practice in occupational safety and health; and
- iii. Has successfully attended the course for assessor on chemical health risk assessment conducted by NIOSH or by any training provider recognised by DOSH; and
- iv. Has passed Part (II) of the examination CHRA for assessors conducted by NIOSH (i.e. Presentation of CHRA report using DOSH CHRA Manual)

OR

- c. i. Possess a degree in medicine, engineering, physics, chemistry, biochemistry, ergonomics or natural and applied sciences, recognised by the Government of Malaysia; and
- ii. Has a minimum of three (3) years practice in occupational safety and health; and
- iii. Has successfully attended the course for assessor on chemical health risk assessment conducted by NIOSH or by any training provider recognised by DOSH; and
- iv. Has passed the examination CHRA for assessors conducted by NIOSH;

OR

- d. i. Possess a degree of science (Environmental and Occupational Health from the University Putra Malaysia** ; and
- ii. Has a minimum of one (1) years practice in occupational safety and health; and
- iii. Has passed the examination CHRA for assessors conducted by NIOSH;

OR

- e. i. Possess a diploma in engineering, physics, chemistry, biochemistry, ergonomics, natural and applied sciences or nursing recognised by the Government of Malaysia; and
- ii. Has a minimum of three (3) years practice in occupational safety and health; and



- (iii) Has successfully attended the course for assessor on chemical health risk assessment conducted by NIOSH or by any training provider recognised by DOSH; and
- (iv) Has passed the examination CHRA for assessors conducted by NIOSH
- e) Other qualification which is equivalent to the paragraph 2.2 (a) – (d).

Note:

**** This requirement is applicable for degrees issued since January 2006.**

Hygiene Technician I

A person applying to be registered with the Director General as a Hygiene Technician I, in addition to the requirements of paragraph 2.1 above, must:

- a. i. be a certified industrial hygienist as recognised by the American Board of Industrial Hygiene or by any other accredited certification body recognised by DOSH; and
- ii. have passed the examination for Hygiene Technician I (Part II) conducted by NIOSH

OR

- b. i. possess at least a post-graduate diploma in occupational or industrial hygiene recognised by the Government of Malaysia; and
- ii. have passed the examination for Hygiene Technician I conducted by NIOSH;

OR

- c. i. possess a diploma in engineering, and natural & applied sciences recognised by the Government of Malaysia; and
- ii. have a minimum of one (1) year practice in occupational safety and health; and
- iii. has successfully attended the course for Hygiene Technician I conducted by NIOSH or by any training provider recognised by DOSH; and
- iv. has passed the examination for Hygiene Technician I conducted by NIOSH

OR

- d. i. possess the Higher School Certificate / Sijil Tinggi Persekolahan Malaysia (STPM) with a principal in any science subject, or a Polytechnic Engineering certificate or equivalent; and

- ii. have a minimum of one (1) year practice in occupational safety and health; and
- iii. have successfully attended the course for Hygiene Technician I conducted by NIOSH or by any training provider recognised by DOSH; and
- iv. have passed the examination for Hygiene Technician I conducted by NIOSH
- e. Other qualification which is equivalent to the paragraph 2.3 (a) -(c).

2.4 Hygiene Technician II

A person applying to be registered with the Director General as a Hygiene Technician II, in addition to the requirements of paragraph 2.1 above, must: -

- a. i. A certified industrial hygienist as recognised by the American Board of Industrial Hygiene or by any other accredited certification body recognised by DOSH; and
- ii. Have passed the examination for Hygiene Technician II (Part II) conducted by NIOSH
- OR**
- b. i. Possess at least a post-graduate diploma in occupational or industrial hygiene recognised by the Government of Malaysia; and
- ii. Have passed the examination for Hygiene Technician II conducted by NIOSH
- OR**
- c. i. Possess a diploma in engineering, and natural & applied sciences recognised by the Government of Malaysia; and
- ii. Have a minimum of one (1) year practice in occupational safety and health; and
- iii. Has successfully attended the course for Hygiene Technician II conducted by NIOSH or by any training provider recognised by DOSH; and
- iv. Has passed the examination for Hygiene Technician II conducted by NIOSH
- d. Other qualification which equivalent to the paragraph 2.4 (a) - (c).



2.5 Occupational Health Doctor

A medical practitioner applying to be registered with the Director General to conduct medical surveillance must:-

- a) Possess at least a post graduate diploma in occupational health or occupational medicine recognised by the Government of Malaysia or by the Director General; or
- b) Have successfully completed the occupational health doctor training course approved by the Director General and has passed the occupational health doctor examination conducted by NIOSH; or
- c) Other qualification which is equivalent to the paragraph 2.5 (a) and (b) or as listed in **Appendix 8**.

3. REGISTRATION PROCEDURE

3.1 An application to be registered with the Director General must be made and completed in the form set out as **Form A, Form B, Form C or Form D** for an Assessor, a Hygiene Technician I, Hygiene Technician II and an Occupational Health Doctor, respectively, and shall be forwarded together with the following relevant items:-

- a. A certified true copy of academic or professional qualifications; and
- b. A certified true copy of the National Registration Identity Card (for Malaysian citizen) or Passport (for foreign resident); and
- c. A certified true copy of work permit issued by the Malaysian Government (only for foreign resident); and
- d. Details of working experience in occupational safety and health practice including the name of supervisor(s) and his qualifications; and
- e. Details of chemical health risk assessment or monitoring of chemical exposure or testing of local exhaust ventilation system / engineering control equipment or medical surveillance that have been conducted; and
- f. A certified true copy of the certificate of attendance of relevant courses; and
- g. A certified true copy of the results of relevant course examination, or
- h. A report of fitness to work from a medical practitioner; and
- i. Two (2) recent passport-size photograph (non-returnable).

Note: Certified true copy means certified by Commissioner of Oath or Division A Government Officer.

- 3.2 The completed forms along with the required items shall be forwarded to:

**KETUA PENGARAH
JABATAN KESELAMATAN DAN KESIHATAN PEKERJAAN
ARAS 2, 3 & 4, BLOK D3, PARCEL D
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62530 PUTRAJAYA**

- 3.3 The prospective applicant may be asked to attend an interview or present the finding of an assessment he had conducted, if necessary.

4. PROCEDURE FOR RENEWAL OF REGISTRATION

- 4.1 A person applying to renew registration with the Director General must:-
- Show proof that he had been engaged continuously in work activities of an Assessor, Hygiene Technician or Occupational Health Doctor (whichever is relevant); and
 - Show proof that he has attended continuous education programme (CEP) with a minimum credit of 30 points per annum, over the three (3) years of registration period. Total amount of credit points collected within three (3) years should not be less than ninety (90) points.

The implementation CEP programme as a requirement for the renewal of assessor/ hygiene technician / occupational health doctor will effect from **1st January 2007**. Refer to Grading System Scoring Schedule as in **Appendix 1** for types of programme with the respective points; and

- A report of fitness to work from a medical practitioner; and
- 4.2 Applicant may be asked to present the finding of any one assessment conducted for the past 3 years, if required.
- 4.3 Application for renewal of registration must be made at **least three (3) months before the expiration date** of the current registration, by completing the form set out as **Form E**.

5. DUTIES OF ASSESSOR, HYGIENE TECHNICIAN AND OCCUPATIONAL HEALTH DOCTOR

5.1 Assessor

An Assessor is expected to:-

- Carry out assessment of health risks arising from the use of chemicals hazardous to health at the workplace;
- Furnish a **full report of the assessment** and present his findings and recommendations to the employer within **one (1) month** upon completion of the assessment; and



- c. Without any delay inform the respective employer of the immediate danger discovered during the assessment process; and
- d. Make recommendations on the necessity to:-
 - i. Make changes or institute a programme to control the risks; and/or
 - ii. Control any accidental emission of a chemical hazardous to health as a result of leakage, spillage, process or equipment failure; and/or
 - iii. Carry out a health surveillance programme; and/or
 - iv. Conduct exposure monitoring; and/or
 - v. Institute a training programme for employees.
- e. Submit, within thirty (30) calendar days upon completion of the assessment, a summary to the Director of the nearest DOSH office and forward a copy to the Director General. The format of the summary is set out in **Appendix 2**.

The summary shall also include a copy of;

- i. An executive summary and result of the assessment
- ii. A copy of letter "**Submission of Chemical Health Risk Assessment Report**" to employer as set out in **Appendix 6**.

5.2 Hygiene Technician I

A Hygiene Technician I is expected to:-

- a. Conduct employee exposure monitoring to chemicals hazardous to health as required by the Regulations;
- b. Make recommendations to the employer, with respect to the findings, on the necessary improvements to be made to minimise the existing employee exposure; and
- c. Furnish a **full report of the chemical monitoring** to the employer of a place of work appointing him as the hygiene technician I within one (1) month of the completion of the work; and
- d. Present his findings and recommendations to the employer upon completion of the monitoring report; and
- e. Submit, within thirty (30) calendar days upon completion of the chemical exposure monitoring, a summary to the Director of the nearest DOSH office with a copy made for the Director General. The summary format is set out in Appendix 3.

5.3 Hygiene Technician II

A Hygiene Technician II is expected to:-

- a. Conduct the inspection, examination and testing of local exhaust ventilation system and other engineering control equipment as required by the Regulations;

- b. Make recommendations to the employer, on the necessary improvements to be made to improve the performance of the existing engineering control equipment; and
- c. Furnish a **full report of the inspection, examination and testing of an engineering control equipment** to the employer of a place of work appointing him as the hygiene technician II within one month of the completion of the work; and
- d. Present his findings and recommendations to the employer upon completion of the inspection, examination and testing report; and
- e. Submit, within thirty (30) calendar days upon completion of the chemical exposure monitoring or inspection, testing and examination of engineering control equipment, a summary to the Director of the nearest DOSH office with a copy made for the Director General. The summary format is set out in **Appendix 4**.

5.4 Occupational Health Doctor

An Occupational Health Doctor is expected to:-

- a. Conduct medical surveillance to employees exposed to chemicals listed in the Schedule II of the Regulations, as well as visiting their workplace; and
- b. Assist employer in the setting up, implementation and evaluation of an occupational medical surveillance programme that includes:
 - i. Pre-employment and pre-placement medical examination;
 - ii. Biological monitoring;
 - iii. Health effects monitoring;
 - iv. Investigation of occupational disease and poisoning cases including workplace inspection;
 - v. Disability assessment including the ability to use personal protective equipment;
 - vi. Return to work examination after medical removal protection;
 - vii. Health education;
 - viii. Record keeping; and
- c. Notify any cases of occupational poisoning and diseases to the Director General of Occupational Safety and Health; and
- d. Submit **USECHH 4 Form**, "Summary report for biological monitoring, **USECHH 5i Form** "Medical Removal Protections" and **USECHH 5ii Form** "Workers with Abnormal Results" as prescribed in the **Guidelines on Medical Surveillance, 2001** published by DOSH; and
- e. Submit, within thirty (30) days upon completion of the medical surveillance, a summary to the Director of the nearest DOSH office with a copy made to the Director General. The summary format is set out in **Appendix 5**.



6. REFUSALS AND REVOCATION OF REGISTRATION

- 6.1 The Director General may refuse to register any person if he is not satisfied with the applicant having met the requirement as outlined in paragraph 2 (qualification and training).
- 6.2 The Director General may refuse to renew registration if the applicant:
 - a. Has ceased practising occupational safety and health; or
 - b. In the case of an Occupational Health Doctor, has ceased medical practice; or
 - c. Has not met any requirements set by the Director General; or
 - d. Has failed to conduct his duties as outlined in paragraph 5; or
 - e. Has been certified unfit by a registered medical practitioner; or
- 6.3 The Director General may revoke the registration of an assessor, a hygiene technician or an occupational health doctor:-
 - a. If his registration was obtained by fraud or misrepresentation; or
 - b. If he has failed to discharge his duties as outlined in paragraph 5; or
 - c. Has been convicted of an offence under the Act or any regulations made there under; or
 - d. Has ceased practising occupational safety and health; or
 - e. In the case of an Occupational Health Doctor, has ceased medical practice; or
 - f. Has not met the requirements stipulated in these guidelines.

7. CERTIFICATE OF REGISTRATION

The certificates issued will be in the format set (size: 12.5 cm x 8.7 cm) as in **Appendix 7**. Extension of the certificates validity will be stamped in of the registration card.

Note:

Validity of the registration is three (3) years.



Form A (Assessor)

DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH
OCCUPATIONAL SAFETY AND HEALTH (USE AND STANDARD OF EXPOSURE OF
CHEMICALS HAZARDOUS TO HEALTH) REGULATIONS, 2000

Application Form for Registration as an Assessor

A. GENERAL PARTICULARS			
Full Name (in block letters):	Date of Birth:	Please affix recent photograph	
	Place of Birth:		
NRIC Number (new):	City:		
(old) :	State:		
	Country:		
Passport Number & Place of Issue:			
Work Permit Number & Place of Issue :			
Sex:	Citizenship:		
Office Address:	Correspondence Address:	e-mail address:	
Postcode:	Postcode:		
Tel No.:	Tel No.		
Fax No:	Fax No:		

B. QUALIFICATION, RELEVANT COURSES AND COMPETENCIES EXAMINATION ATTENDED			
B1. QUALIFICATION			
Name of Institution	Year		Highest Qualification Obtained*
	from	to	
B2. RELEVANT COURSES*			
Name of Course	Date	Organiser	Serial No.
B3. RELEVANT COMPETENCIES EXAMINATIONS *			
Name of Competencies Examination	Date	Organiser	Serial No.

**C. EMPLOYMENT HISTORY AND
RELEVANT EXPERIENCE IN OCCUPATIONAL SAFETY AND HEALTH**

Name of Institution/company	Period of Employment		Designation	Description of Duties
	from	to		

D. EXPERIENCE IN CONDUCTING HEALTH RISK ASSESSMENT FOR CHEMICAL RISKS

Name of Workplace	Date of Assessment

E. MEMBERSHIP OF OCCUPATIONAL SAFETY AND HEALTH / HYGIENE OR OTHER RELEVANT SOCIETIES / ASSOCIATIONS

Membership	Year

* Please enclose a certified copy of each relevant document

F. DECLARATION

I hereby declare that the above particulars are true and correct to the best of my knowledge. If any information is found to be false or inaccurate, I fully accept the fact that my application for registration as a registered person may be rejected or my application for renewal cancelled by the Director General without prior notice being given.

Signature: _____

Name: _____ Date: _____

For Office Use

- | | |
|---|--------------------------|
| a. A certified copy academic or professional qualifications; | <input type="checkbox"/> |
| b. A certified copy of the National Registration Identity Card (for Malaysian citizen) or Passport (for foreign resident); | <input type="checkbox"/> |
| c. A certified copy of work permit issued by the Malaysian Government (only for foreign resident); | <input type="checkbox"/> |
| d. Details of working experience in occupational safety and health practice including the name of supervisor(s) & his qualifications; | <input type="checkbox"/> |
| e. Details of chemical health risk assessment | <input type="checkbox"/> |
| f. A certified copy/copies of the certificate of attendance of relevant courses; and | <input type="checkbox"/> |
| g. A certified copy/copies of the results of relevant course examination. | <input type="checkbox"/> |
| h. Two (2) recent passport-sized photograph (non returnable) | <input type="checkbox"/> |



Form B (HT I)

**DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH
OCCUPATIONAL SAFETY AND HEALTH (USE AND STANDARD OF EXPOSURE OF
CHEMICALS HAZARDOUS TO HEALTH) REGULATIONS, 2000**

Application Form for Registration as A Hygiene Technician I

A. GENERAL PARTICULARS			
Full Name (in block letters):	Date of Birth:	Please affix recent photograph	
	Place of Birth:		
NRIC Number (new):	City:		
(old) :	State:		
	Country:		
Passport Number & Place of Issue:			
Work Permit Number & Place of Issue :			
Sex:	Citizenship:		
Office Address:	Correspondence Address:	e-mail address:	
Postcode:	Postcode:		
Tel No.:	Tel No.		
Fax No:	Fax No:		
B. QUALIFICATION, RELEVANT COURSES AND COMPETENCIES EXAMINATION ATTENDED			
B1. QUALIFICATION			
Name of Institution	Year		Highest Qualification Obtained*
	from	to	
B2. RELEVANT COURSES*			
Name of Course	Date	Organiser	Serial No.
B3. RELEVANT COMPETENCIES EXAMINATIONS *			
Name of Competencies Examination	Date	Organiser	Serial No.

C. EMPLOYMENT HISTORY AND RELEVANT EXPERIENCE IN OCCUPATIONAL SAFETY AND HEALTH

Name of Institution/company	Period of Employment		Designation	Description of Duties
	from	to		

D. EXPERIENCE IN CONDUCTING MONITORING OF CHEMICAL EXPOSURE / TESTING OF LOCAL EXHAUST VENTILATION SYSTEM OR ENGINEERING CONTROL EQUIPMENT

Name of Workplace	Date of Assessment

E. MEMBERSHIP OF OCCUPATIONAL SAFETY AND HEALTH / HYGIENE OR OTHER RELEVANT SOCIETIES / ASSOCIATIONS

Membership	Year

* Please enclose a certified copy of each relevant document

F. DECLARATION

I hereby declare that the above particulars are true and correct to the best of my knowledge. If any information is found to be false or inaccurate, I fully accept the fact that my application for registration as a registered person may be rejected or my application for renewal cancelled by the Director General without prior notice being given.

Signature: _____

Name: _____ Date: _____

For Office Use

- a. A certified copy academic or professional qualifications; ☐
- b. A certified copy of the National Registration Identity Card (for Malaysian citizen) or Passport (for foreign resident); ☐
- c. A certified copy of work permit issued by the Malaysian Government (only for foreign resident); ☐
- d. Details of working experience in occupational safety and health practice including the name of supervisor(s) & his qualifications; ☐
- e. Details of chemical health risk assessment ☐
- f. A certified copy/copies of the certificate of attendance of relevant courses; and ☐
- g. A certified copy/copies of the results of relevant course examination. ☐
- h. Two (2) recent passport-sized photograph (non returnable) ☐



Form C (HT II)

**DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH
OCCUPATIONAL SAFETY AND HEALTH (USE AND STANDARD OF EXPOSURE OF
CHEMICALS HAZARDOUS TO HEALTH) REGULATIONS, 2000**

Application Form for Registration as A Hygiene Technician II

A. GENERAL PARTICULARS			
Full Name (in block letters):	Date of Birth:	Please affix recent photograph	
	Place of Birth:		
NRIC Number (new):	City:		
(old) :	State:		
	Country:		
Passport Number & Place of Issue:			
Work Permit Number & Place of Issue :			
Sex:	Citizenship:		
Office Address:	Correspondence Address:	e-mail address:	
Postcode:	Postcode:		
Tel No.:	Tel No.		
Fax No:	Fax No:		

B. QUALIFICATION, RELEVANT COURSES AND COMPETENCIES EXAMINATION ATTENDED			
B1. QUALIFICATION			
Name of Institution	Year		Highest Qualification Obtained*
	from	to	
B2. RELEVANT COURSES*			
Name of Course	Date	Organiser	Serial No.
B3. RELEVANT COMPETENCIES EXAMINATIONS *			
Name of Competencies Examination	Date	Organiser	Serial No.

**C. EMPLOYMENT HISTORY AND
RELEVANT EXPERIENCE IN OCCUPATIONAL SAFETY AND HEALTH**

Name of Institution/company	Period of Employment		Designation	Description of Duties
	from	to		

**D. EXPERIENCE IN CONDUCTING MONITORING OF CHEMICAL EXPOSURE / TESTING OF
LOCAL EXHAUST VENTILATION SYSTEM OR ENGINEERING CONTROL EQUIPMENT**

Name of Workplace	Date of Assessment

**E. MEMBERSHIP OF OCCUPATIONAL SAFETY AND HEALTH / HYGIENE OR OTHER RELEVANT
SOCIETIES / ASSOCIATIONS**

Membership	Year

*** Please enclose a certified copy of each relevant document**

F. DECLARATION

I hereby declare that the above particulars are true and correct to the best of my knowledge. If any information is found to be false or inaccurate, I fully accept the fact that my application for registration as a registered person may be rejected or my application for renewal cancelled by the Director General without prior notice being given.

Signature: _____

Name: _____ Date: _____

For Office Use

- | | |
|---|--------------------------|
| a. A certified copy academic or professional qualifications; | <input type="checkbox"/> |
| b. A certified copy of the National Registration Identity Card (for Malaysian citizen) or Passport (for foreign resident); | <input type="checkbox"/> |
| c. A certified copy of work permit issued by the Malaysian Government (only for foreign resident); | <input type="checkbox"/> |
| d. Details of working experience in occupational safety and health practice including the name of supervisor(s) & his qualifications; | <input type="checkbox"/> |
| e. Details of chemical health risk assessment | <input type="checkbox"/> |
| f. A certified copy/copies of the certificate of attendance of relevant courses; and | <input type="checkbox"/> |
| g. A certified copy/copies of the results of relevant course examination. | <input type="checkbox"/> |
| h. Two (2) recent passport-sized photograph (non returnable) | <input type="checkbox"/> |



Form D (OHD)

DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH
OCCUPATIONAL SAFETY AND HEALTH (USE AND STANDARD OF EXPOSURE OF
CHEMICALS HAZARDOUS TO HEALTH) REGULATIONS, 2000

Application Form for Registration as An Occupational Health Doctor

A. GENERAL PARTICULARS		
Full Name (in block letters):	Date of Birth:	Please affix recent photograph
	Place of Birth:	
NRIC Number (new):	City:	
(old) :	State:	
	Country:	
Passport Number & Place of Issue:		
Work Permit Number & Place of Issue :		
Sex:	Citizenship:	
Office Address:	Correspondence Address:	e-mail address:
Postcode:	Postcode:	
Tel No.:	Tel No.	
Fax No:	Fax No:	

B. QUALIFICATION, RELEVANT COURSES AND COMPETENCIES EXAMINATION ATTENDED

B1. QUALIFICATION

Name of Institution	Year		Highest Qualification Obtained*
	from	to	

B2. RELEVANT COURSES*

Name of Course	Date	Organiser	Serial No.

B3. RELEVANT COMPETENCIES EXAMINATIONS *

Name of Competencies Examination	Date	Organiser	Serial No.

C. EMPLOYMENT HISTORY AND RELEVANT EXPERIENCE IN OCCUPATIONAL SAFETY AND HEALTH

Name of Institution/company	Period of Employment		Designation	Description of Duties
	from	to		

D. EXPERIENCE IN CONDUCTING MONITORING OF CHEMICAL EXPOSURE / TESTING OF LOCAL EXHAUST VENTILATION SYSTEM OR ENGINEERING CONTROL EQUIPMENT

Name of Workplace	Date of Assessment

E. MEMBERSHIP OF OCCUPATIONAL SAFETY AND HEALTH / HYGIENE OR OTHER RELEVANT SOCIETIES / ASSOCIATIONS

Membership	Year

* Please enclose a certified copy of each relevant document

F. DECLARATION

I hereby declare that the above particulars are true and correct to the best of my knowledge. If any information is found to be false or inaccurate, I fully accept the fact that my application for registration as a registered person may be rejected or my application for renewal cancelled by the Director General without prior notice being given.

Signature: _____

Name: _____ Date: _____

For Office Use

- | | |
|---|--------------------------|
| a. A certified copy academic or professional qualifications; | <input type="checkbox"/> |
| b. A certified copy of the National Registration Identity Card (for Malaysian citizen) or Passport (for foreign resident); | <input type="checkbox"/> |
| c. A certified copy of work permit issued by the Malaysian Government (only for foreign resident); | <input type="checkbox"/> |
| d. Details of working experience in occupational safety and health practice including the name of supervisor(s) & his qualifications; | <input type="checkbox"/> |
| e. Details of chemical health risk assessment | <input type="checkbox"/> |
| f. A certified copy/copies of the certificate of attendance of relevant courses; and | <input type="checkbox"/> |
| g. A certified copy/copies of the results of relevant course examination. | <input type="checkbox"/> |
| h. Two (2) recent passport-sized photograph (non returnable) | <input type="checkbox"/> |



**Form E (RENEWAL
REGISTRATION FORM)**

DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH

Ketua Pengarah
Jabatan Keselamatan dan Kesihatan Pekerjaan
Aras 2, 3 & 4, Block D3, Parcel D,
Pusat Pentadbiran Kerajaan Persekutuan,
62530 Putrajaya

Registration No:

Expiration Date:

Sub: Application for Renewal of Registrations An Assessors / Hygiene Technician / Occupational Health Doctor* Under the OCCUPATIONAL SAFETY AND HEALTH (USE AND STANDARD OF EXPOSURE OF CHEMICALS HAZARDOUS TO HEALTH) REGULATIONS, 2000

I, _____ N.R.I.C./Passport No./Work Permit No.* _____

_____ hereby declare that;

1. Within the last 12 month;
 - a. I have been involved in conducting chemical health risk assessment / monitoring of chemical exposure / testing and examination of local exhaust system / medical surveillance*;
 - b. I have carried out the above activity in a professional and ethical manner; and
 - c. I have undergone continuing education in occupational safety and health / occupational health and medicine*

Note: * please delete whichever is not relevant

2. CEP Score Point:

B. CONTINUING EDUCATION IN OCCUPATIONAL SAFETY & HEALTH /MEDICINE (Please enclose a certified copy of the certificate of attendance or proof of attendance)							
Year	No.	Event (course/ seminar/dialog/ conference/ meeting/talk etc)	Organiser	Supporting Document	Duration	Total Credit Point Collected Per Event (CP x TWF)	Total Credit Point Collected Per Year

Signature: _____
 Name: _____
 Address: _____
 Postcode: _____ Town: _____ State: _____
 Telephone No: _____ Fax No: _____

Grading System Scoring Schedule
Continuing Education Programme (CEP)
for Assessor/Occupational Health Doctor/ Hygiene Technician

No.	Continuing Education Point Programme (a)	Rationale and Basis	Credit Point per Event (CP)	Total Credit Point Collected per Event PC = CP x TWF	Min. Total Credit Point Allowed per Year
1	Meetings - time weighted factor (TWF) = 1 per event				
	1.1 AGM of any association related to OSH such as MSOSH, SOME, MIHA etc.	AGM would normally require 4 hours (9 am – 1 pm)	4		No limit
	1.2 Representative in any DOSH Technical Committees	Technical Committee Meeting would normally require 4 hours (9 am – 1 pm)	4		No limit
2	Service Activities - time weighted Factor(TWF) = 2				
	2.1 Speakers for OSH Talks at International conferenc-es/ seminars/ talks / workshops (to teach people on subject related to OSH)	The speakers normally takes 2 hrs to prepare and 1 hr deliver the talk or paper.	4		30 points
	2.2 Speakers for OSH Talks for in-house training which includes a re-training course/ induction training and etc. (not part of his responsibilities)	Actual hours contributed or participated	Actual hours contributed or participated	Actual hours contributed/ participated x TWF	30 points
	2.3 Contribution and Participation (lecturing)	a) Contribution and participation in professional bodies/ government Agencies other than DOSH	Actual hours contributed or participated		30 points
		b) Contribution in Institutions of higher learning	Actual hours contributed or participated		30 points
	2.4 Serving in 'DOSH Committee for Standards of Writing and Code of Practice	Regular meetings with a minimum of 60% attendance overall for any one of the following positions held;			
		a) DOSH Committee Member	Actual hours contributed		No limit
		b) DOSH Sub-Committee Member	Actual hours contributed		No limit
3	Formal Education and Training - time weighted Factor (TWF) = 2				
	3.1 Full time study	Duration of twelve (12) months on subject related to OSH	Actual hours of lectures attended		50 points
	3.2 Part time study/Correspondence Learning Course for a Post Graduate Diploma	Duration not less than two (2) years leading to a Post-graduate Diploma related to OSH	Actual hours of lectures or course work attended/year		50 points
	3.3. Part time study/ Correspondence Learning Course for a Master degree related to OSH	Duration not less than three (3) years	Actual hours of lectures or course work attended/year		50 points

No.	Continuing Education Point Programme (a)	Rationale and Basis	Credit Point per Event (CP)	Total Credit Point Collected per Event PC = CP x TWF	Min. Total Credit Point Allowed per Year
4	Attending Course - time weighted factor (TWF) = 3				
	4.1 Half Day Course related to OSH	Training modules are approved by DOSH	3		No Limit
	4.2 One Day Course related to OSH	Training modules are approved by DOSH	5		No Limit
	4.3 Two and More Days Course related to OSH	Training modules are approved by DOSH	10		No Limit
5	Presentation and Papers - time weighted factor (TWF) = 3				
	5.1 Presentation and Papers at talks, seminars, workshops, symposiums etc. on professional matters related to OSH.	Speakers would normally take 2 hrs to prepare and 1 hr to deliver the presentation.	3		30 points
	5.2 Publication for paper on subject related to OSHA) New Paper	a) New Paper b) Bulletin c) Journal; d) Book (less than 100 pgs) e) Book (> 100 pgs)	4 4 8 20 30		30 points
6	Attending Conference, Dialogue, Seminar, Workshop and CPD Talk on OSH - time weighted factor (TWF) = 4				
	6.1 Half Day Seminar/Workshop/CPD Talk on OSH organized by DOSH	Normally between 9 am - 1 pm. Coffee break is considered time for discussion networking.	6		No Limit
	6.2 One or More Days Seminar/Workshop/CPD Talk related to OSH organized by DOSH	Normally between 9 am - 5 pm. Coffee break is considered time for discussion networking.	10		No Limit
	6.3 Half Day Seminar/Workshop/ CPD Talk related to OSH organized by other than DOSH	Normally between 9 am - 5 pm. Coffee break is considered time for discussion networking.	4		No Limit
	6.4 One or More Days Conference/ Seminar/ Workshop related to OSH organized by other than DOSH	Normally between 9 am - 5 pm. Coffee break is considered time for discussion networking.	8		No Limit
	6.5 Half Day Dialogue with DOSH Normally between 9 am - 1 pm.	Normally between 9am - 1pm	4		No Limit
7	Private Studies - time weighted factor (TWF) = 10				
	7.1 Reading books, articles and other publications related to OSH or learning from audio or video tapes of matter related to OSH	He/She who are working in any areas who might have difficulties attending DOSH/ NIOSH/ Other run CPD events	Actual no. of pages read	No. of pages read x TWF	No Limit

Note: One (1) copy of thesis/ Research or Seminar Paper shall be presented to DOSH for records.

Example: Calculation of a total amount of CEP credit points accumulated within 3 years of registration period

Year	No.	Event (course/seminar/dialog/conference/ meeting/talk etc)	Organiser	Supporting Document	Duration	Total Credit Point collected Per event (CP x TWF)	Total Credit Point accumul ated Year
2004	1	Seminar on IAQ	JKKP	Cert. Of attendance	1 day	40 (10x4)	88
	2	Persidangan Keselamatan dan Kesihatan Pekerjaan (COSH)	NIOSH	Cert. Of attendance	3 day	32 (8x4)	
	3	Dialog OYK/OYB Kesihatan Industri	JKKP	Cert. Of attendance	0.5 day	16 (4x4)	
2005	1	Dialog OYK/OYB Kesihatan Industri	JKKP	Cert. Of attendance	0.5 day	16 (4x4)	56
	2	Seminar on IAQ/Drugs	JKKP	Cert. Of attendance	1 day	40 (10x4)	
2006	1	Dialog OYK/OYB Kesihatan Industri	JKKP	Cert. Of attendance	0.5 day	16 (4x4)	68
	2	Seminar on Chemical Safety Management	JKKP	Cert. Of attendance	1 day	40 (10x4)	
	3	DOSH Technical Committee Meeting on Building Construction	JKKP	Attendance sheet	4 hrs 4 hrs 4 hrs	4 (4x1) 4 (4x1) 4 (4x1)	
Total amount of CEP credit points collected within 3 years (2004 - 2006)							212
Minimum total amount of CEP credit points accumulated within 3 years							90

EXPLANATORY NOTES

1. Attending the Annual General Meeting (AGM)

Credits points will be granted to for whom to attend 'Annual General Meeting' and/or 'DOSH Annual General Meeting' as these are important events.

2. Formal Education and Training (Research or Post-Graduate Studies)

Credit points are also granted to those who undertake full-time or part-time studies on subjects related to occupational safety and health.

3. Attending Seminars, Conferences, Workshops, Dialogues and CPD Talks on Occupational Safety and Health

Credit point may also be allocated for Seminars, Conference, Workshops, Dialogues, CPD Talks organized by DOSH or other agencies are professionally orientated with the twin aims of improving the performance of the individual and increasing their knowledge base. Therefore, attendance at these Seminars, Conferences, Workshops, Dialogues and CPD talks is encouraged.

4. Attending Course on Occupational Safety and Health

Credits points will be granted to for whom to attend courses organized by approved training provider or any service providers accredited by DOSH.

5.1 Preparing and Paper Presentation at Talks, Seminars Workshops and Symposium on Occupational Safety and Health Matters

He/She may gain credit points through preparing and paper presentation at Talks, Seminars Workshops and Symposium on occupational safety and health matters. This is to encourage those who are more knowledgeable and experience in that particular topics to share his/her knowledge and experience with his/her fellow. However, before any presentation is accepted/ accredited by DOSH (for those not organized by DOSH), the presenter shall provide two (2) copies of the synopsis of his/her presentation to DOSH at least one (1) month before the events for approval by DOSH.

5.2 Authorship and Publication

He /She may gain credit points through authorship and publication of technical articles related to OSH in journals, magazines, news paper or books.

6. Providing Service Activities on Occupational Safety and Health Activities

Credit point may also allocated for those who participate and contribute in Company's in-house training, re-training or induction training on subject related to OSH (organizing the training is not part of his/her responsibilities).

7. Private Studies

Private studies such as reading books, articles and other publications related to OSH can be accepted as fulfilling the requirements. He/ she who opted for this must submit a summary/ synopsis of their readings to DOSH approval.

SUMMARY REPORT OF CHEMICAL HEALTH RISK ASSESSMENT

Appendix 2

Company Information	
1) Name and Address: Contact Person:	4) JKKP Reference No.: (Factory Registration) Company Activity:
2) Total Number of Employees:	5) Type of Sector: (ex. Manufacturing) Type of Industry: (or Class of Industry)
3) No. of Work Unit Assessed:	6) No. of Chemical Assessed:
7) Safety and Health Policy: (Yes/No)	8) Safety and Health Committee? (Yes/No)
10) Assessment summary: Please refer to page 2/2	9) Safety and Health Officer: (Yes/No)
11) Date of Assessment	12) Date of presentation of report:
I hereby declare that the particulars in this report are accurate to the best of my knowledge.	
Name of Employer: (Signature of Employer) Date:	Name of Assessor: (Signature of Assessor) Assessor's Registration No: Date: Tel. No: Fax. No: e-mail: Tel. No: Fax. No: e-mail:

Plant/Department:

[illegible]

SUMMARY REPORT OF CHEMICAL EXPOSURE MONITORING

Appendix 3

Date of monitoring: _____

Name of Company: _____

Address: _____

Postcode: _____ Town: _____ State: _____

Work Area/ Department	Work Unit	No. of Persons at Risk	No. of Persons Monitored	Name of Chemicals Sampled	Analytical Methods Used	% Results P.E.L.	Recommendations

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

Name of Hygiene Technician I: _____ Signature: _____

Registration No.: _____

Address: _____

Postcode: _____ Town: _____ State: _____ Date: _____

Appendix 4

SUMMARY REPORT OF TESTING AND EXAMINATION OF ENGINEERING CONTROL EQUIPMENT

Date of testing and examination: _____

Name of Company: _____

Address: _____

Postcode: _____ Town: _____ State: _____

Control Equipment	Location of Equipment	Test Conducted	Tests Results	Recommendations

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

Name Hygiene Technician II: _____ Signature: _____

Registration No.: _____

Address: _____

Postcode: _____ Town: _____ State: _____ Date: _____

SUMMARY REPORT OF MEDICAL SURVEILLANCE,**Appendix 5**

Date of surveillance: _____

Name of Company: _____

Address: _____

Postcode: _____

Town: _____

State: _____

Employee's name NRIC and number	Sex	Job Category/ Designation	Work Area/ Department	Chemicals Exposed To	Tests Carried Out	Results of Surveillance	Recommendations

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

Name of Occupational Health Doctor: _____

Signature: _____

Registration No.: _____

Address: _____

Postcode: _____

Town: _____

State: _____

Date: _____

Appendix 6

Ref No: _____
Date: _____
Workplace: _____

Tel No: _____ Fax. No: _____
Contact Person: _____

Ref: SUBMISSION OF CHEMICAL HEALTH RISK ASSESSMENT REPORT

This is to certify that CHRA for the above premise has been conducted and explained to the Safety and Health Committee members on the (date of presentation).

2. In compliance to USECHH Regulations 2000, Regulation 12 indicates that any person appointed by the employer shall furnish the employer the report of the assessment within **one (1) month of the completion of the assessment.**
3. The employer has to take action to control exposure if assessment report indicates significant risk within **one (1) month after receiving the assessment report.**
4. The employer will reply to local DOSH state office on the action to be taken within 30 day.

.....
*Signature of Assessor

Name: _____

JKKP Registration No. _____

Date of Assessment: _____

Date of Report Completion: _____

ENDORCEMENT BY EMPLOYER

I hereby declare that I had received the CHRA Report dated _____ and had been briefed by the above mentioned assessor:

Name: _____

Designation: _____

Date of receipt report: _____


Signature: _____

Company Stamp

AKTA KESELAMATAN DAN KESIHATAN PEKERJAAN 1994

**PERATURAN-PERATURAN KESELAMATAN DAN KESIHATAN PEKERJAAN
(PENGUNAAN DAN STANDARD BAHAN KIMIA BERBAHAYA KEPADA KESIHATAN) 2000
[P.U (A) 131]**

**KAD PENDAFTARAN PENGAPIT
Peraturan XX**

<p>No. Pendaftaran ini adalah diperakui bahawa pemegang kad perakuan ini telah didaftarkan sebagai PENGAPIT di bawah Peruntukkan Peraturan 2 Peraturan-peraturan Keselamatan dan Kesihatan Pekerjaan (Penggunaan dan Standard Bahan Kimia Berbahaya kepada Kesihatan, (USECHH) 2000.</p>	<p>No. Siri: P xxx</p> <p>Nama:</p> <p>No. K.P/Passport/ Permit Kerja:</p> <p>Tarikh Lahir:</p> <p>Tandatangan:</p>
<p>..... Ketua Pengarah Jabatan Keselamatan dan Kesihatan Pekerjaan Malaysia</p>	

TEMPOH SAH PENDAFTARAN	PENGESAHAN PENDAFTARAN
..... hingga Ketua Pengarah Jabatan Keselamatan dan Kesihatan Pekerjaan Malaysia
..... hingga Ketua Pengarah Jabatan Keselamatan dan Kesihatan Pekerjaan Malaysia
..... hingga Ketua Pengarah Jabatan Keselamatan dan Kesihatan Pekerjaan Malaysia
..... hingga Ketua Pengarah Jabatan Keselamatan dan Kesihatan Pekerjaan Malaysia

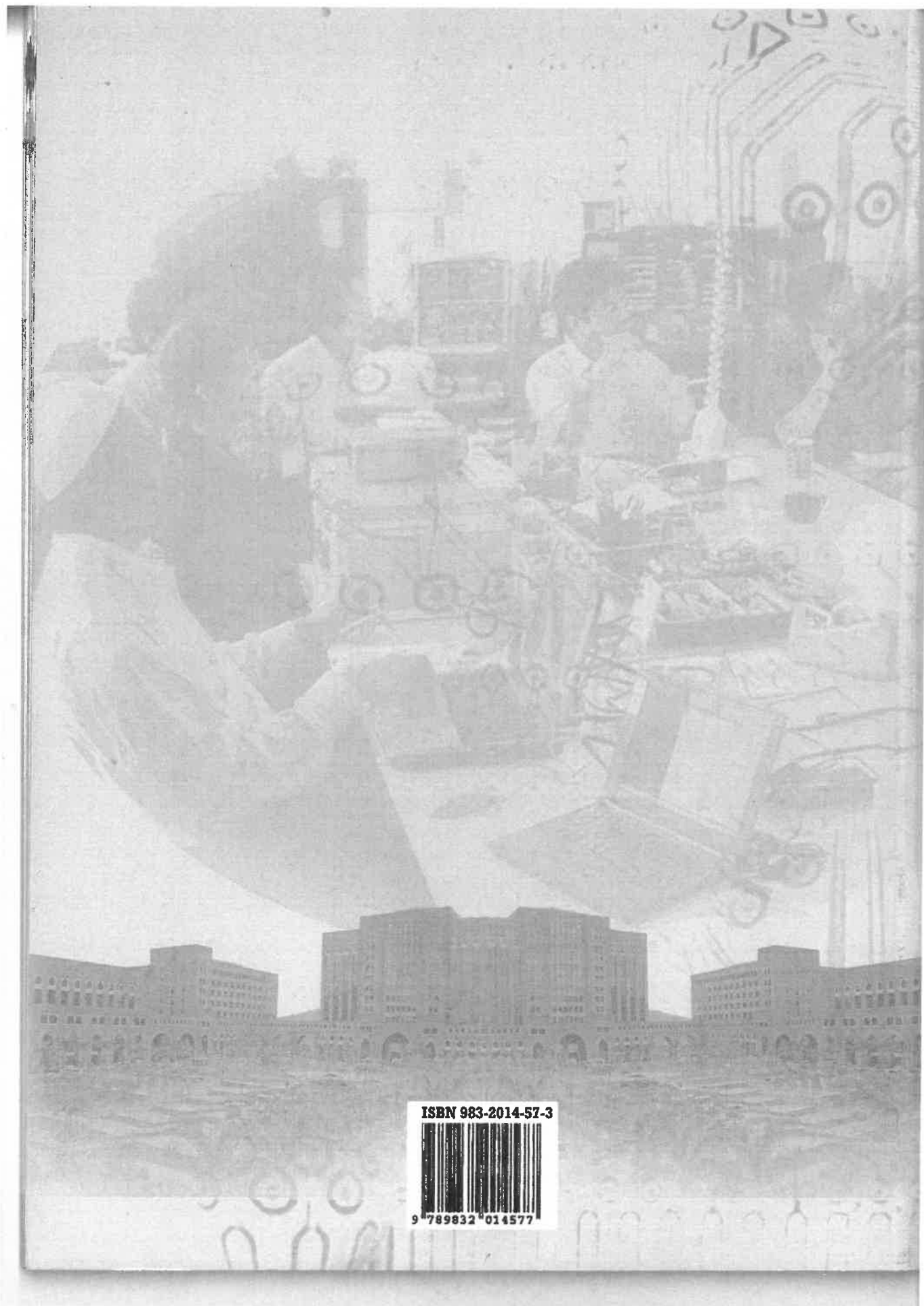
PERINGATAN

Kad Perakuan Pendaftaran ini adalah HAK KERAJAAN MALAYSIA dan sesiapa yang menjumpainya hendaklah memulangkannya ke Jabatan Keselamatan dan Kesihatan Pekerjaan.

Appendix 8

**LIST OF RECOMMENDED QUALIFICATIONS FOR THE REGISTRATION OF
OCCUPATIONAL HEALTH DOCTOR UNDER USECHH REGULATIONS, 2000**

1. Sarjana Kesihatan Masyarakat (concentration in Occupational Health),Universiti Kebangsaan Malaysia
2. Sarjana Sains Kemasyarakatan (OH),Universiti Kebangsaan Malaysia- 18 month
3. Sarjana Kesihatan Masyarakat (OH),Universiti Kebangsaan Malaysia- 4 years
4. Sarjana Kesihatan Masyarakat (OH),Universiti Sains Malaysia
5. Sarjana Kesihatan Masyarakat (OH),Universiti Malaya
6. Masters of Science (Occupational Health),London
7. Masters of Science in Occupational Medicine,Singapore
8. Masters of Medicine (Occupational Medicine / Public Health) ,Singapore
9. Master in Public Health (Occupational Medicine) , Winconsin , USA
10. Master in Occupational Health , Philippine
11. Diploma in Industrial Health from any University in United Kingdom (e.g. London, Liverpool, Edinburgh, Dundee, Aberdeen).
12. Post graduate Diploma or Masters of Health Science (Occupational Medicine, Health and Safety), Edith Cowan,Perth , Australia
13. Diploma Siswazah Kesihatan Pekerjaan (DSKP),Universiti Kebangsaan Malaysia
14. Diploma in Industrial Health (Singapore)
15. Diploma in Industrial Health,Otago, New Zealand
16. Diploma in Industrial Health, Toronto, Canada
17. Diploma in Occupational Health , Sydney, Australia
18. Associate, Member or Fellow of the Faculty of Occupational Medicine, Royal College of Physicians of London
19. Licentiate Member , or Fellow of the Faculty of Occupational Medicine, Royal College of Physicians of Ireland.



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