

Occupational Safety And Health (OSH) ACT 1994

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PAKAR PERUBATAN KESIHATAN AWAM (PRAWARTA)

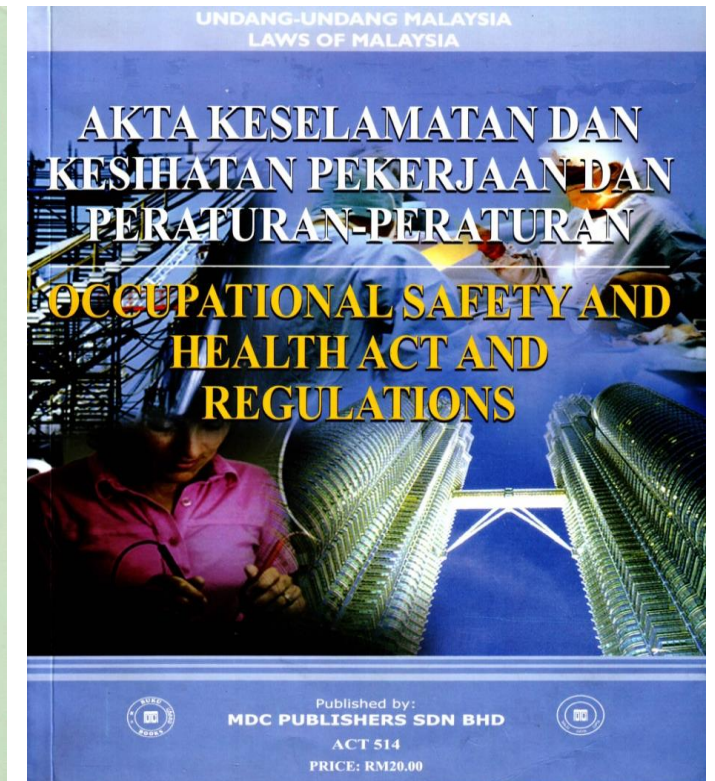
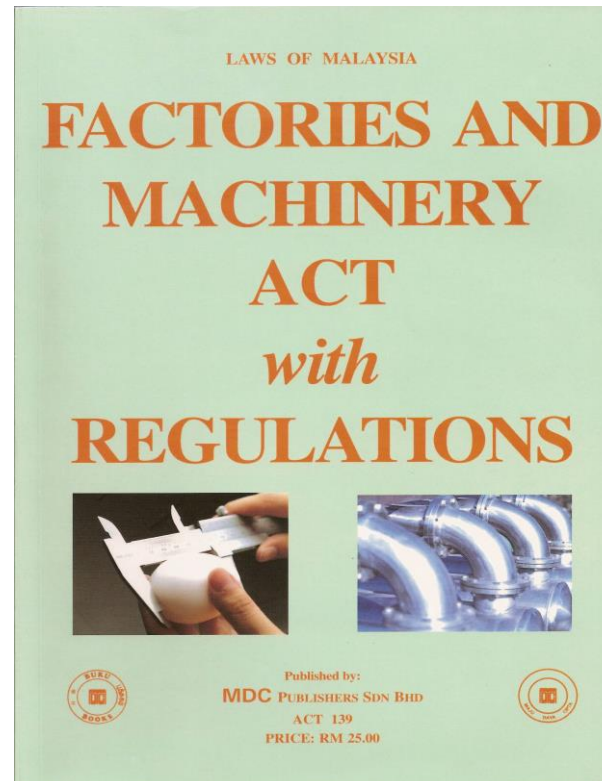
PEJABAT KESIHATAN DAERAH JOHOR BAHRU

History Of OSH in Malaysia

- FMA was approved by the parliament in 1967
- But the fact that FMA only covers OSH in manufacturing, quarrying, mining and construction industries, not other industries
- In 1970, FMA was enforced to overcome the weakness by Machinery Ordinance 1953
- Since then, many sections and regulations been introduced such as Air-Pollution Section 1971, and Industrial Hygiene Section 1980
- In 1985, National Advisor Council of Occupational Safety and Health suggest the establishment of NIOSH
- In Dec 1992, cabinet approved NIOSH and was put under Ministry of Human Resource
- Occupational Safety and Health Act 1994 (Act 514) was approved by the parliament in 1993
- Gazetted in February 1994

OSH Legislation In Malaysia

- ▶ Selangor Boiler Enactment 1892
- ▶ Perak Boiler 1903
- ▶ Machinery Ordinance 1913
- ▶ Machinery Enactment 1932
- ▶ **Factory and Machinery Act 1967**
- ▶ Lift Regulation 1970
- ▶ Lead Regulation 1984
- ▶ Noise Regulation 1989
- ▶ Mineral Dust Regulation 1989
- ▶ Asbestos Regulation 1991
- ▶ **Occupational Safety & Health Act 1994**



Structure Of Laws

CONTENTS	ACT	REGULATION	ORDER	GUIDELINES	CODE OF PRACTICE
Definition	Formal description of health and safety law passed in a state or territory.	More detailed set of requirements created to support the duties established in the OSHA 1994	Implemented under the power given by act	General rules or principles to help plan our action or to form an opinion about something require by OSH Act and Regulations	Practical guide on how to achieve the accepted standards of workplace health, safety and welfare required in the OSH Act and Regulations.
Function	General overview and it spell out the duty of for each group that has role in safety and health	Set out the standards that need to be meet for specific hazards and risk		Allow duty holder wider discretion to choose options that best suite their circumstances	Provides duty holders with guidance and effective ways in managing work health and safety risk
Legally binding	Yes (passed by parliament)	Yes (passed by parliament)	Yes	No	No/Yes (transportation)

Differences between Act, Regulation & Order, Guidelines and Code of practice

Contents	Act	Regulation	Order	Guidelines	Code of practice
Responsible	Minister	DOSH	Minister/DG of DOSH	DOSH	DOSH MIROS (Transportation)
Number	OSHA 1994(Act 514)	7	2	64	7
Examples	OSHA 1994				

Category of OSH Legislation In Malaysia

▶ Common OSH laws:

- ❑ Factory and Machinery Act 1967
- ❑ Occupational Safety & Health Act 1994

▶ Specific Law:

- ❑ Pesticide Act 1984.
- ❑ Petroleum (Safety Measures) Act 1984.
- ❑ Atomic Energy Licensing Act 1984.
- ❑ Electrical Supply Act 1990.

➤ Other Related Law:

- ❑ Fire Services Act 1988
- ❑ Uniform Building By-Law 1984
- ❑ Gas Supply Act 1993
- ❑ Diesel and Gas Storage Requirement
- ❑ Poison Act 1952
- ❑ Road Transport Act 1987
- ❑ Environmental Quality Act 1974

Regulations under the OSHA 1994

- ▶ OSH (Control of Industrial Major Accident Hazards) Regulations 1996
- ▶ OSH (Safety and Health Committee) Regulations 1996
- ▶ OSH (Safety and Health Officer) Regulations 1997
- ▶ OSH (Classification, Packaging and Labeling of Hazardous Chemicals) Regulations 1997
- ▶ OSH (Use and Standards of Exposure of Chemicals Hazardous to Health) Regulations 2000
- ▶ OSH (NADOPOD) Regulations 2004

OSH ACT 1994 VS FACTORIES AND MACHINERY ACT 1967

	OSH Act 1994	FMA 1967
SCOPE	Cover all industries except for armed forces & work on board ships	Covers only manufacturing, construction, mining & quarrying industries only
APPROACH	<u>Self regulation</u> -Supported by codes of practice, guidelines etc -Tripartite responsibilities -Workers cooperation and participation	<u>Prescriptive</u> -Too dependant on regulations and orders -Dependent on inspection by regulatory agencies
OBJECTIVES	To safeguard safety, health and welfare of persons at work and those at the place of work e.g visitor, contractor etc.	-Control of factories and machinery -Registration and inspection of factories and machinery

Philosophy and Guiding Principles

- ▶ “Responsibilities to ensure safety and health at workplaces lies with those who **create the risk** and with those who work **with the risk.**”

Employers, designers,
manufacturers, suppliers

Employees, workers

- ▶ Self regulation
- ▶ Tripartite approach: **government**, **employer** and **employees** at workplace

SELF-REGULATION APPROACH

CHARACTERISTICS	REMARKS
<ul style="list-style-type: none">▪ Responsibility is on employers to regulate OSH▪ Employer knows on workers, materials and processes used▪ Program initiation and performance oriented▪ Workers cooperation	<ul style="list-style-type: none">▪ In-line with duties of care▪ Encourage motivation and innovation to improve OSH▪ OSH matters regarded at par with other management functions▪ Workers participation on OSH matters

General Duties of an Employer/self employed

- ▶ **Provide and maintain** systems of work including machineries, equipment, tools, storage and transportation facilities that are safe and without health risk.
- ▶ **Provide information, instruction, training and supervision** to ensure that all activities, including the operation of machineries and handling of toxic substances, are carried out safely and without health risk. –Section 15
- ▶ **Provide a safe workplace** for both employees and visitors, with 6 adequate means of access and exit and welfare facilities.
- ▶ For employers with more than five employees, **formulate a written policy** on OSH matters and inform all employees regarding the policy. –Section 16
- ▶ **Penalty** for failure to comply: RM 50,000 or two years imprisonment or both.-Section 19

General Duties of an Employee

- ▶ To take care to **ensure the safety** of himself and other persons.
- ▶ To **provide full cooperation** to the employer and other persons in complying with the requirements of OSHA 1994.
- ▶ To **wear or use**, at all times, any **protective equipment** or clothing provided by the employer.-Section 24
- ▶ Not to intentionally, recklessly or negligently interfere with or misuse any item provided or activity carried out in the interest of OSH in pursuance of the OSHA 1994.-Section 25
- ▶ **Penalty** for failure to comply: RM 1,000 or 3 month imprisonment or both.

Safety and Health Organisation

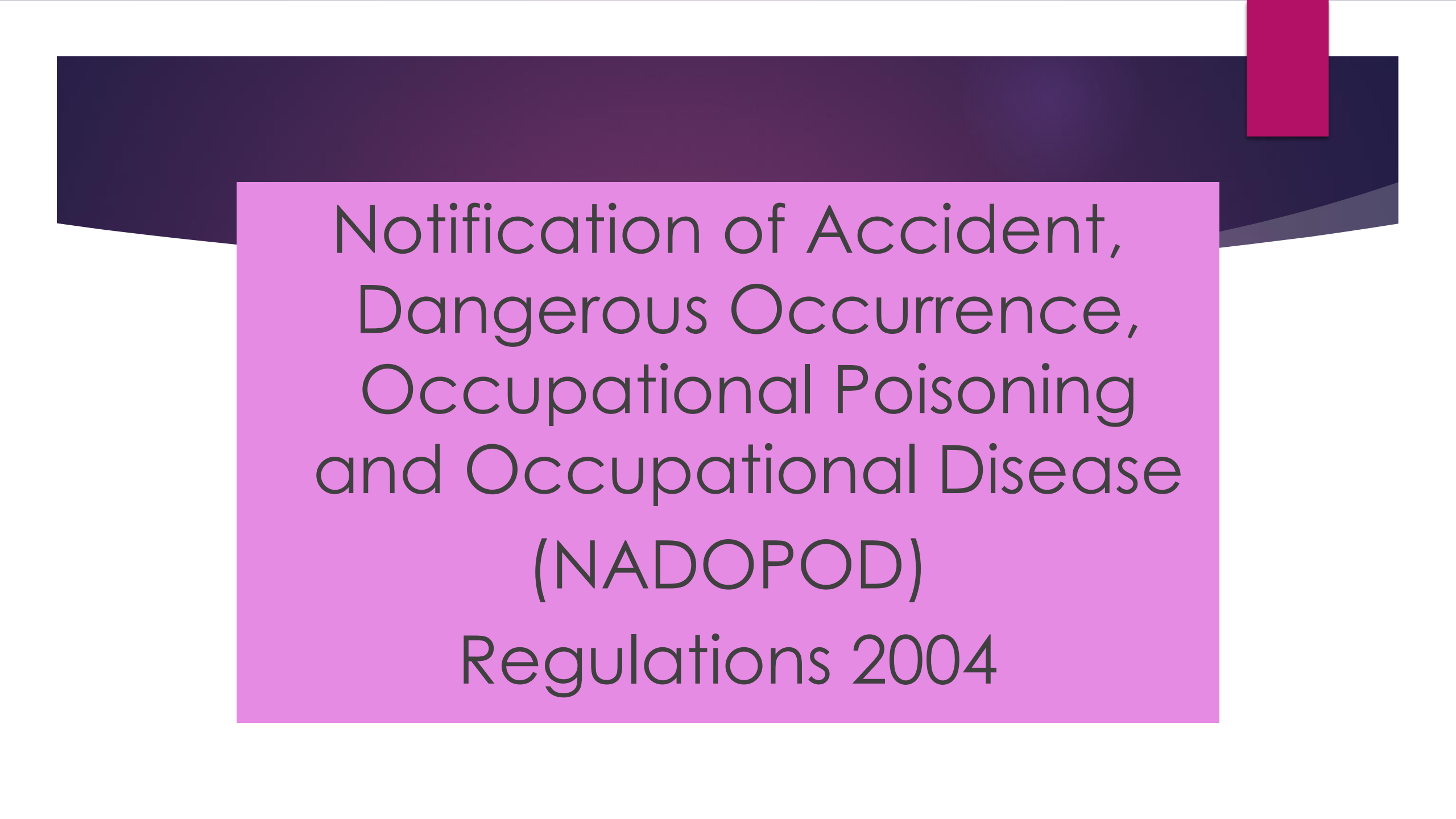
- ▶ An employer with **40 or more employees must establish an OSH committee**. -Section 30
- ▶ Both **management and workers must have adequate and equal representation** in the committee.
- ▶ The committee provides a **path for consultation and cooperation** between management and workers in identifying, assessing and controlling workplace hazards.
- ▶ Among the committee's functions are:
 - ❑ **review** OSH measures undertaken;
 - ❑ **inspect** the workplace;
 - ❑ **investigate** possible hazards, accidents, near-misses;
 - ❑ **recommend** corrective action.
- ▶ **Penalty** for failure to comply: RM 5,000 or six months imprisonment or both

Safety and Health Officer (SHO)

- ▶ Employers in certain **high-risk industries, with greater than a given number of employees, must appoint a qualified Safety and Health Officer.** –Section 29
- ▶ The officer must have completed a training course in OSH and passed all required examination, have experience in the area of OSH and **be registered with the Director General of OSH.**
- ▶ Among the officer's functions are:
 - ❑ prepare & submit monthly **reports** on OSH matters;
 - ❑ act as the **secretary** to the safety and health committee;
 - ❑ **advise on and assist** in OSH measures to be taken;
 - ❑ **inspect** the workplace to identify and correct potential hazards;
 - ❑ **investigate** possible hazards, accidents, near-misses;
 - ❑ **collect and analyze** OSH statistics.



Reporting of
OSH
Diseases,
Injuries, and
Poisoning



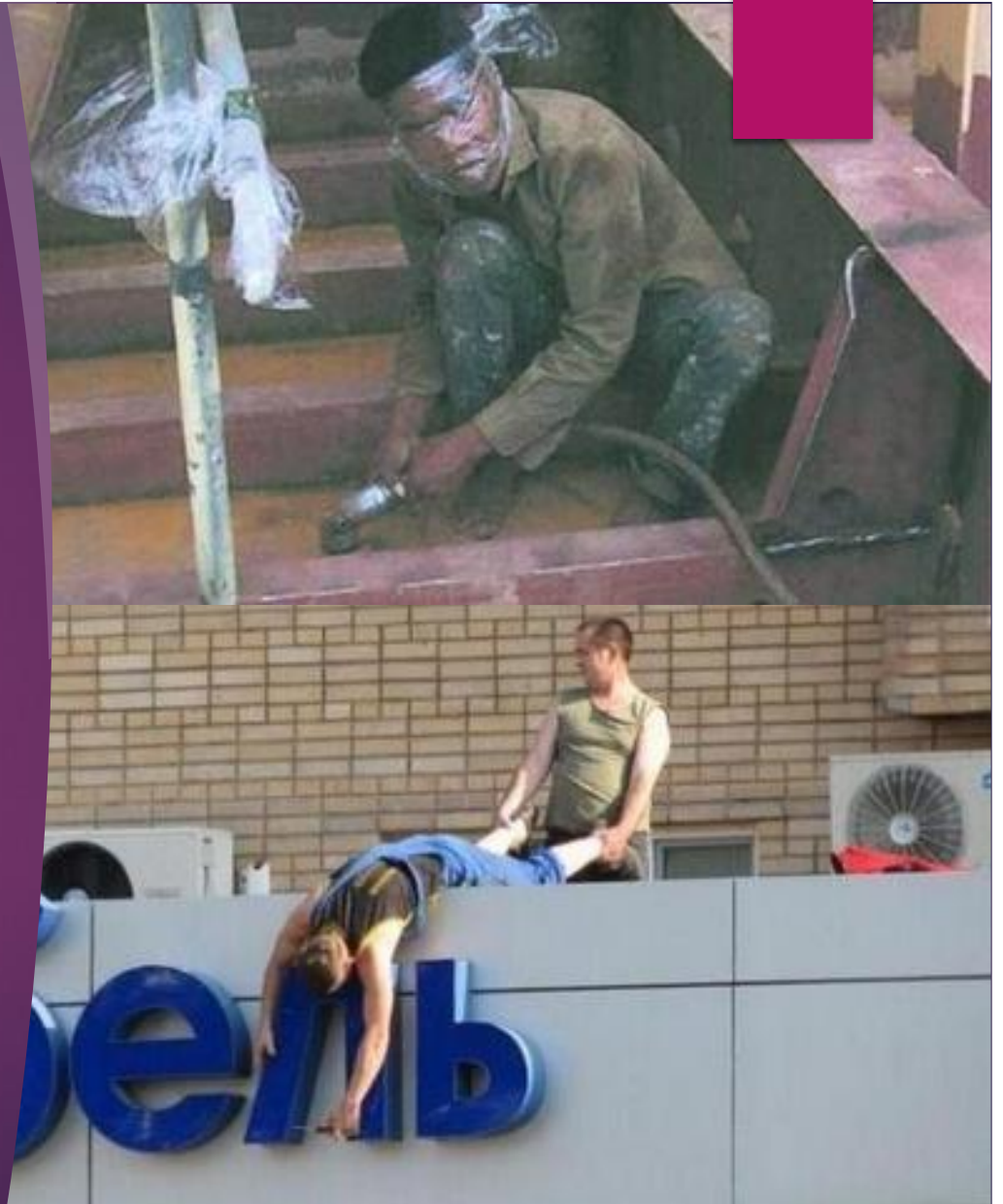
Notification of Accident,
Dangerous Occurrence,
Occupational Poisoning
and Occupational Disease
(NADOPOD)
Regulations 2004

NADOPOD

- ▶ NADOPOD was initiated in 1996
- ▶ Based on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) – UK and OIIRRR – US
- ▶ Collaboration of representatives from the government, NGOs, employers and workers
- ▶ Gazetted on 22nd April 2004
- ▶ Enforcement date: 1st March 2005

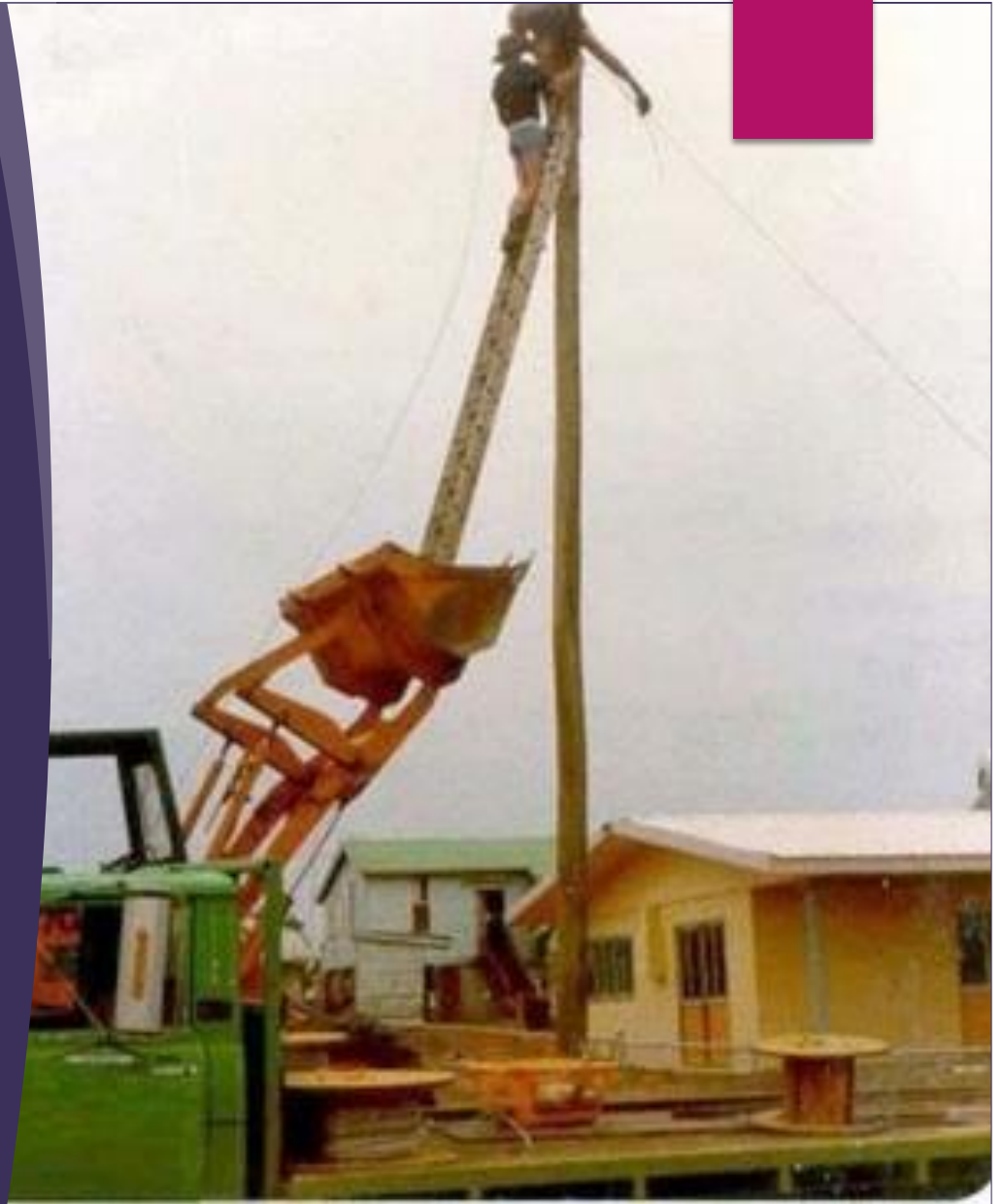
The Objectives of NADOPOD:

- ▶ To comply with the Act
- ▶ To standardize reporting
- ▶ To establish a valid and reliable statistics



Why report?

- ▶ For the authority (DOSH) to determine the underlying causes of the incidences in order for remedial actions to be taken to prevent similar occurrences in the future.



Provision Pertaining to Reporting Requirements

- ▶ Requirements under FMA 1967
 - ▶ Section 31 require occupier to report by quickest means to the nearest Inspector the occurrence of any accident which:
 - ▶ Cause death
 - ▶ Causes serious damage to property or machinery
 - ▶ Cause bodily injury that prevent a person from doing his normal work for more than 4 days
 - ▶ Any dangerous occurrence
- ▶ With the least possible delay submit a written report in prescribed form

Section 31. Accidents and dangerous occurrence to be reported.

Whenever any accident which —

[Am. Act A1268:s.13]

(a) causes loss of life to any person;

(aa) causes serious bodily injury to any person;

[Ins. Act A1268:s.13]

e
is”

(b) causes bodily injury to any person so that the person is prevented from following his normal occupation for more than three clear days excluding the day of the accident; or

[Am. Act A1268:s.13]

(c) causes serious damage to machinery or other property,

or any dangerous occurrence takes place in any factory or in connection with any machinery, the occupier shall report the accident or dangerous occurrence to the Inspector having jurisdiction for the area in which the accident or dangerous occurrence has taken place by the quickest means available and subsequently with the least possible delay, report in writing to the Inspector in the prescribed form the facts of the matter so far as they are known to him.

Provisions Pertaining to Reporting Requirements

- ▶ Requirements under FMA 1967 (Notification of Industrial Diseases)
- ▶ Section 32 require every registered medical practitioner attending or visiting a patient whom he believes to be suffering from any diseases named in the Third Schedule and contracted in the factory.

Section 32. Notification of occupational diseases.

(1) Every registered medical practitioner attending on, or called in to visit, a patient whom he believes to be suffering from any of the diseases named in the **Third Schedule** and contracted in a factory shall, unless such notice has been previously sent—

- (a) forthwith sent to the Chief Inspector a notice stating the name and location of the factory in which the patient states he is or was last employed, the name and full postal address of the patient and the disease from which, in the opinion of the registered medical practitioner, the patient is suffering; and
- (b) at the same time send a copy of the notice to the occupier of the factory in which the patient states he is or was last employed.

THIRD SCHEDULE

Substitute the
word "industrial"
with the word
"occupational"

NOTIFIABLE OCCUPATIONAL DISEASES

[Am. Act A1268:s.30

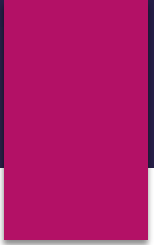
[Section 32]

1. Dust diseases of the lung—

- (a) Silicosis-inhalation of (SiO_2) silica containing dust;
- (b) Stannosis-inhalation of tin dusts or fumes;
- (c) Sidersosis or sidero-silicosis-inhalation of dust containing iron and silica, haematite;
- (d) Asbestosis-inhalation of asbestos dust or fibres;
- (e) Conditions of respiratory allergy of asthma or chronic bronchitis, or byssinosis resulting from inhalation of dusts of plant origin as cotton, wood, flax, jute, rice husks, cork, spices, hemp, sisal, tobacco, tea, flour and the like and mineral dusts as cements, copper, zinc, or animal dusts as bone or hair;
- (f) Other pneumoconioses or fibrotic diseases of the lungs resulting from inhalation of aluminium or talc, or coal.

2. Systematic intoxication by any of the following metals or their compounds, lead, mercury, manganese, phosphorous, antimony, chromium, nickel, beryllium.

3. Intoxication resulting from the use of solvents as benzene and other aromatic hydrocarbons, carbon disulphide, chlorinated hydrocarbons, and petroleum and its derivatives.
4. Pulmonary irritation resulting from inhalation of nitrogen oxides, sulphur oxides, chlorine, phosgene, ammonia, *etc.*
5. Intoxication resulting from handling of insecticides, or herbicides or fungicides as organic phosphate compounds, nitrogenous and chlorinated compounds.
6. Conditions of occupational dermatosis resulting from handling of mineral oils, acids, alkalis, dusts, and other irritants.
7. Occupational infections as anthrax, glanders, and leptospirosis, tuberculosis, leprosy (where occupational exposure to the last two is evident).
8. Malignant disease resulting from handling or inhalation or contact with carcinogenic tars, or radioactive dusts.
9. Eye conditions resulting from physical trauma as heat cataract, radiation cataract and from irritants.

- 
10. Toxic jaundice resulting from nitro or amino derivatives of benzene or other substances.
 11. Subcutaneous or acute bursitis of knee or hand or wrist resulting from manual labour causing severe or prolonged friction or pressure.
 12. Conditions resulting from severe heat exposure such as heat cramps or heat stroke.
 13. Hearing loss due to excessive exposure to industrial noise of high sound pressure level.
 14. Conditions resulting from exposure to ionizing and non-ionizing radiation.
 15. Decompression sickness (caisson disease) and conditions resulting from working under water.

Reporting Requirements under OSHA 1994

- ▶ Section 32(1) require employer to notify the nearest OSH office if any of the following has occurred or is likely to occur:
 - ▶ Accident
 - ▶ Dangerous occurrence
 - ▶ Occupational poisoning
 - ▶ Occupational disease



Reporting Requirements under OSHA 1994

- ▶ Section 32(2) require every registered medical practitioner attending or visiting a patient whom he believes to be suffering from any diseases listed under FMA 1967 or any regulation made under OSHA 94 to report the matter to Director General



NADOPOD

Notification and reporting

- ▶ Any accident arising out or in connection with work causing:
 - ▶ Death; or
 - ▶ Serious bodily injury (1st Schedule), which prevents a person from following his normal occupation for > 4 calendar days,
- ▶ Or where a dangerous occurrence (2nd Schedule) take place at work, the employer shall
 - ▶ Notify the nearest DOSH office by the quickest mean available; and
 - ▶ Send a report in an approved form within 7 days

FIRST SCHEDULE

[subregulation 5(1)]

SERIOUS BODILY INJURY

1. Emasculation
2. Permanent privation of the sight of either eye
3. Permanent privation of the hearing of either ear
4. Privation of any member or joint
5. Destruction or permanent impairing of the powers of any member or joint
6. Permanent disfiguration of the head or face
7. Fracture or dislocation of the bone
8. Loss of consciousness from lack of oxygen
9. Loss of consciousness or acute illness from absorption, inhalation or ingestion of any substance, which requires treatment by a registered medical practitioner
10. Any case of acute ill health where there is a reason to believe that this resulted from occupational exposure to isolated pathogen or infected material
11. Any other work related injury or burns which results in the person injured being admitted immediately into hospital for more than 24 hours

SECOND SCHEDULE

[subregulation 5(1)]

DANGEROUS OCCURRENCE

PART I

DANGEROUS OCCURRENCES WHICH ARE NOTIFIABLE WHEREVER THEY OCCUR

COLLAPSE OF SCAFFOLDING

1. A collapse or part collapse of any scaffold which is more than 5 metres high which results in a substantial part of the scaffold falling or overturning.

COLLAPSE OF A BUILDING OR STRUCTURE

2. At any building or structure under construction, reconstruction, alteration, or demolition, a collapse or partial collapse of any part of the building or structure, or of any falsework, except where the manner and extent of collapse or partial collapse was intentional.

ELECTRICAL SHORT CIRCUIT

3. Electrical short circuit or overloaded attended by fire or explosion which resulted in the stoppage of the plant involved for more than 24 hours and which, might have been liable to cause serious bodily injury to any person.

ESCAPE OF A SUBSTANCE

4. The uncontrolled release or escape of any substance or agent in circumstances which, might be liable to cause damage to health of, or serious injury to, any person.

EXPLOSION, FIRE OR FAILURE OF STRUCTURE

5. Explosion, fire or failure of structure affecting the safety or strength of any place of work or plant contained therein.

6. Any explosion or fire occurring in any place of work due to the ignition of processed material, their by-products or finished products which resulted in the stoppage or suspension of normal work in that place for more than 24 hours.

7. The bursting of a revolving vessel, wheel, grindstone or grinding wheel moved by mechanical power.

8. The bursting, explosion or collapse of a pipeline or any part thereof, or the ignition of anything in a pipeline, or anything which immediately before it was ignited was in a pipeline.

9. The explosion, collapse, bursting or failure of structure affecting the safety or strength of any closed vessel including a steam boiler or an unfired pressure vessel; the loss of water, the melting of fusible plug and the bursting of a tube.

10. Fire or explosion in a warehouse or storage area where hazardous substances are stored.

LIFTING MACHINERY, ETC.

11. The collapse of, the overturning of or the failure of any load bearing part of any crane, derrick, winch, hoist, piling frame, lift, excavator or other appliance used in raising or lowering persons or goods, or any part thereof.

Second schedule

Part II

Dangerous occurrences in relation to mines

Part III

Dangerous occurrences in relation to quarries

Part IV

Dangerous occurrences in relation to forestry

Part V

Dangerous occurrences in relation to agriculture

Who should notify?

The notification and record keeping requirements apply to all employers in the industrial sectors listed in the First Schedule of the Act 514:

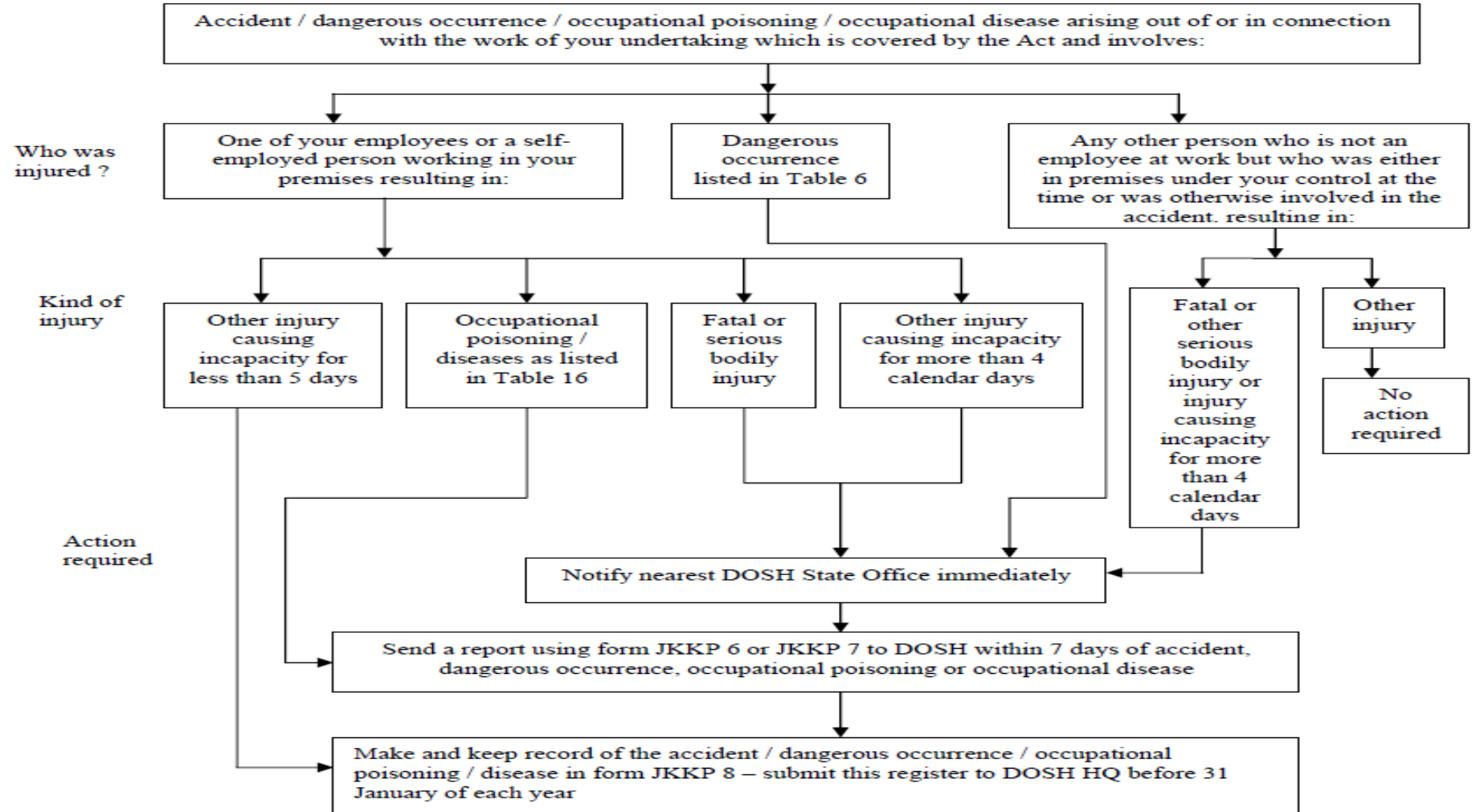
1. Manufacturing
2. Mining and quarrying
3. Construction
4. Agriculture, forestry, and fishing
5. Utilities:
 - a) electricity;
 - b) gas;
 - c) water; and
 - d) sanitary services
6. Transport, storage and communication
7. Wholesale and retail trades
8. Hotels and restaurants
9. Finance, insurance, real estate and business services
10. Public services and statutory authorities

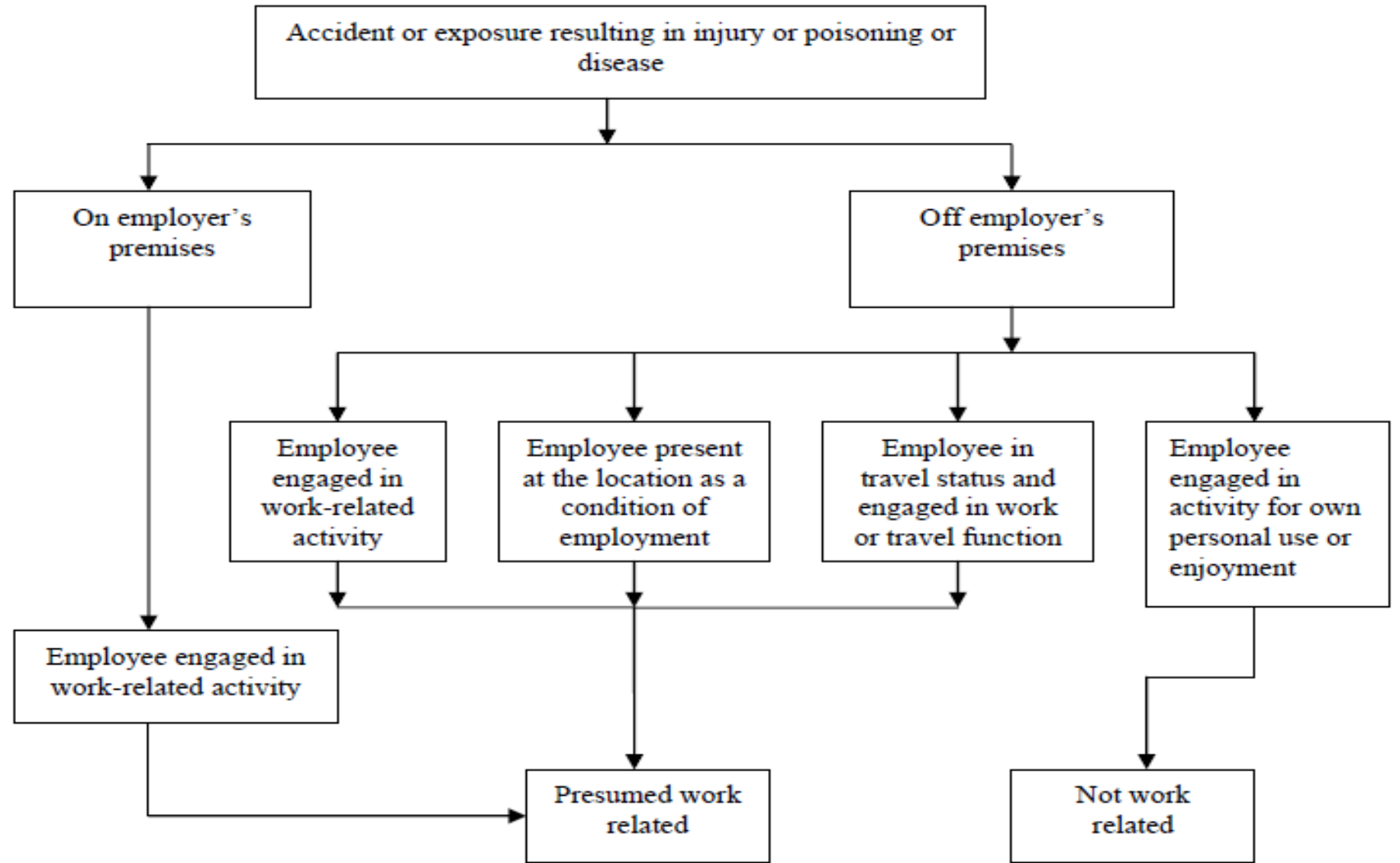


Steps for notification

- ▶ **Step 1** - Determine whether a case occurred; that is, whether there was death, dangerous occurrence, poisoning, disease, or an injury;
- ▶ **Step 2** - Establish that the case was work related; that it resulted from an event or exposure in the work environment;
- ▶ **Step 3** - Decide whether the case is an accident or dangerous occurrence or an occupational poisoning or occupational disease; and
- ▶ **Step 4** - If the case is an occupational poisoning or occupational disease, notify using form JKPP 7, record and check the appropriate occupational poisoning or occupational disease category on the JKPP 8 form; or
- ▶ **Step 5** - If the case is death, serious bodily injury or dangerous occurrence notify the case immediately by the quickest means, then send a written report using form JKPP 6 within seven days and together with other case record in the form JKPP 8. Seven days means seven calendar days, including any holidays that fall within that seven days.

CHART 1: WHAT AN EMPLOYER MUST DO IN THE CASE OF AN ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING OR OCCUPATIONAL DISEASE





Reports Mechanism in MOH

- The forms that are being used by MOH:
 - WEHU A1, A2 (JKKP 6)*
(Accident & injury among MOH staff)
 - WEHU D1, D2 (JKKP 7)*
(Occupational disease & poisoning pesticide & chemical)
 - WEHU E1, E2 (JKKP 7)*
(Hearing disease due to noise)
 - WEHU L1, L2 (JKKP 7)*
(Occupational lungs disease)
 - WEHU S1, S2 (JKKP 7)*
(Occupational skin disease)

WEHU A1 & A2 (JKKP 6)

**WEHU A1
(JKKP 6)**

NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE

Location of accident/incident _____
Date of accident/incident _____ Time of accident/incident occur _____ hrs

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Detail of Notifier

Name _____
Designation _____
Name and address of organization _____
Contact no. _____

Part B - Affected person (If more than one person please list the name in Part C)

Name _____
Date of birth _____
New IC/ Passport no. _____
Nationality _____
Gender Male Female
Occupation _____
Ethnic group _____
Name and address of organization _____
District _____ State _____
Duration of current job _____
Date of first informing DOSH _____

Part C - Description of accident or dangerous occurrence

a) What were the activities involved prior to the accident ?

b) What actually happened during the accident (agent involved and effect to the person involved) ?

c) Why did the accident happen?

d) What were the actions taken following the accident ?

Signature of Notifier _____ Date _____

WEHU A2 (cont'd)

Agent involved in accident

- Machine / Electrical equipment
- Lifting equipment
- Transport equipment / Vehicle
- Needles
- Medical / Surgical / Dental instruments (other than needles)
- Lab instruments
- Pressure Vessels
- Blood / Body fluids
- Chemicals / Gases
- Floors/Levels
- Ladders
- Stairs / steps
- Others (please specify) _____

5. Existing control measure at workplace

- Engineering Control
- Standard Operating Procedure (SOP)
- Training / Education / Work Schedule / Rotation
- Personal Protective Equipment (PPE)
- Other (please specify) _____

WEHU D1 & D2 (JKKP 7)

NOTIFICATION OF OCCUPATIONAL POISONING/ DISEASE **WEHU - D1 (JKKP 7)**

Send to: Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri	Part B - Affected person
Part A - Notifier (Regulation 7(2) Registered Medical Practitioner)	Name _____ Date of Birth _____ New IC/ Passport no. _____ DD / MM / YY Nationality: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Group _____ Occupation _____ Name and address of organization _____ District _____ State _____ Location of incident _____
Name _____ Designation _____ Address of clinic / hospital _____ Contact no. _____	Part C - Occupational Poisoning/ Disease
Date of diagnosis _____ DD / MM / YY Diagnosis/ Provisional diagnosis _____	Part D
a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)	Name and address of attending doctor (Official Stamp)
b) What was the hazard or agent been exposed to the patient?	Signature of Notifier _____ Date _____
c) How long had the patient been exposed to the hazard or agent?	_____
d) How long had the patient been experiencing the symptoms?	_____

WEHU - D2

1. Date of occurrence
 _____ / _____ / _____
 DD MM YY
2. Time
 _____ hrs
3. Place of occurrence
 Home Workplace Others
4. Name(s) of poisoning agent(s)
 Trade name _____
 Active ingredient _____
5. Type of poisoning
 Pesticide ; Proceed to Question 6
 Chemical ; Proceed to Question 7
6. If pesticide is the poisoning agent(s), please state type if known
 (Tick more than one if mixture is used)

<input type="checkbox"/> Paraquat	<input type="checkbox"/> 2 - 4 - Dichlorophenoxyacetic Acid (2-4-D)
<input type="checkbox"/> Glyphosate	<input type="checkbox"/> Pyrethroid
<input type="checkbox"/> Organophosphate	<input type="checkbox"/> Warfarin
<input type="checkbox"/> Carbamate	<input type="checkbox"/> Superwarfarin
<input type="checkbox"/> Thiocarbamate	<input type="checkbox"/> Zinc phosphide
<input type="checkbox"/> Organochlorine	<input type="checkbox"/> Unknown
<input type="checkbox"/> Nitrophenol	<input type="checkbox"/> Others (please specify) : _____
7. If chemical is the poisoning agent(s), please state type if known
 (Tick more than one if mixture is used)

<input type="checkbox"/> Therapeutic drugs (pharmaceutical)	<input type="checkbox"/> Other industrial chemical
<input type="checkbox"/> Metals	<input type="checkbox"/> Household products (e.g. clorox)
<input type="checkbox"/> Gases	<input type="checkbox"/> Kerosene
<input type="checkbox"/> Agrochemical (excluding pesticide)	<input type="checkbox"/> Unknown
<input type="checkbox"/> Solvents	
<input type="checkbox"/> Others (please specify) : _____	
8. Likely route (s) of poisoning :
 (Tick more than one if mixed)

<input type="checkbox"/> Oral	<input type="checkbox"/> Occupational
<input type="checkbox"/> Dermal	<input type="checkbox"/> Suicidal/ Parasuicidal
<input type="checkbox"/> Inhalation	<input type="checkbox"/> Homicidal
<input type="checkbox"/> Mixed	<input type="checkbox"/> Accidental
<input type="checkbox"/> Others (please specify) : _____	
9. Circumstances of poisoning
10. Was first aid given at the site of poisoning?
 Yes
 No
11. Is poisoning confirmed by laboratory investigation ?
 Yes No
 Others (please specify) : _____
12. Outcome of poisoning
 Outpatient treatment Died after _____ days treated in the ward
 Admitted to ward for _____ days Discharge at own risk
 Dead on arrival at hospital

WEHU E1 & E2 (JKKP 7)

WEHU - E1 (JKKP 7)

NOTIFICATION OF OCCUPATIONAL NOISE INDUCED HEARING LOSS

Send to: Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; background-color: #cccccc;">Part B - Affected person</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Name _____</td> </tr> <tr> <td style="padding: 5px;">Date of Birth _____</td> <td style="padding: 5px;">New IC/ Passport no. _____</td> </tr> <tr> <td style="padding: 5px;">DD / MM / YY</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Nationality _____</td> <td style="padding: 5px;">Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td style="padding: 5px;">Ethnic Group _____</td> <td style="padding: 5px;">Occupation _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name and address of organization _____</td> </tr> <tr> <td style="padding: 5px;">District _____</td> <td style="padding: 5px;">State _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Location of incident _____</td> </tr> </table>	Part B - Affected person		Name _____		Date of Birth _____	New IC/ Passport no. _____	DD / MM / YY		Nationality _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Group _____	Occupation _____	Name and address of organization _____		District _____	State _____	Location of incident _____	
Part B - Affected person																			
Name _____																			
Date of Birth _____	New IC/ Passport no. _____																		
DD / MM / YY																			
Nationality _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female																		
Ethnic Group _____	Occupation _____																		
Name and address of organization _____																			
District _____	State _____																		
Location of incident _____																			
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Signature of Notifier _____	Name and address of attending doctor (Official Stamp) _____																		
Date _____																			

WEHU - E2

- 1 Date of examination DD - MM - YY
- 2 Source of case
 - ENT clinic
 - Occupational Health Clinic
 - Health Clinic (*Klinik Kesihatan*)
 - Other Specialist Clinic (please specify) _____
 - Others (please specify) : _____
- 3 Symptoms of Noise Induced Hearing Loss (NIHL)

Symptoms	Side (ear)	Duration of symptoms
<input type="checkbox"/> Hearing loss	R / L _____	Days/ weeks/ months/ years
<input type="checkbox"/> Tinnitus	R / L _____	Days/ weeks/ months/ years
<input type="checkbox"/> Dizziness/ Vertigo		Days/ weeks/ months/ years
<input type="checkbox"/> Others (please specify) : _____		
- 4 Type of NIHL
 - Acoustic trauma Type : _____ Date : _____
 - Chronic effect
- 5 Relevant job(s)

Type of work/ industry	Job title	Noise exposure level (if available)	Duration of employment (by years, months or days)
- 6 Otological findings :

Right ear	Left ear
<input type="checkbox"/> Normal findings	<input type="checkbox"/> Normal findings
<input type="checkbox"/> Abnormal findings (specify) _____	<input type="checkbox"/> Abnormal findings (specify) _____
- 7 Pure Tone Audiometry

250Hz 500Hz 1KHz 2KHz 3KHz 4KHz 6KHz 8KHz

-10									
0									
10									
20									
30									
40									
50									
60									
70									
80									
90									
100									
110									
120									

LEGEND

		Right (red)	Left (blue)
Air :	Unmasked	○	⊗
	Masked	△	⊙
Bone :	Unmasked	◁	▷
	Masked	◻	◻

Audiogram performed by : _____ (Job Title)

Audiogram evaluated by : _____ (Job Title)

WEHU L1 & L2 (JKKP 7)

**WEHU - L1
(JKKP 7)**

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Notifier
(Regulation 7(2) Registered Medical Practitioner)

Name _____

Designation _____

Address of clinic / hospital _____

Contact no. _____

Part B - Affected person

Name _____

Date of Birth _____ New IC/ Passport no. _____

DD / MM / YY

Nationality _____ Gender Male Female

Ethnic Group _____ Occupation _____

Name and address of organization _____

District _____ State _____

Location of incident _____

Part C - Occupational Lung Disease

Date of diagnosis _____

DD / MM / YY

Diagnosis/ Provisional diagnosis _____

Part D

a) What kind of work did the patient do which may be associated with the disease?
(Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

WEHU - L2

- Duration of symptoms _____ (by years, months or days)
- Type of occupational lung disease

<input type="checkbox"/> Occupational asthma	<input type="checkbox"/> Lung cancer
<input type="checkbox"/> Inhalation incident	<input type="checkbox"/> Mesothelioma
<input type="checkbox"/> Hypersensitivity pneumonitis	<input type="checkbox"/> Non - malignant pleural disease
<input type="checkbox"/> Bronchitis/ Emphysema	<input type="checkbox"/> Byssinosis
<input type="checkbox"/> Infectious diseases (e.g. TB)	<input type="checkbox"/> Building related respiratory illness
<input type="checkbox"/> Pneumoconiosis (incl. asbestosis, silicosis)	<input type="checkbox"/> Fibrotic lung disease
<input type="checkbox"/> Other occupational lung disease (please specify) : _____	

Suspected causal agent : _____
- Source of case

<input type="checkbox"/> Chest clinic
<input type="checkbox"/> Occupational Health Clinic
<input type="checkbox"/> Health Clinic (<i>Klinik Kesihatan</i>)
<input type="checkbox"/> Other Specialist Clinic (please specify) : _____
<input type="checkbox"/> Others (please specify) : _____
- Is patient a smoker ?

<input type="checkbox"/> Current	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Never smoked
----------------------------------	------------------------------------	---------------------------------------
- Is patient atopic ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
------------------------------	-----------------------------	---------------------------------
- Relevant job(s)

Type of work/ industry	Job title	Duration of employment (by years, months or days)
- Outcome on DD - MM - YY

<input type="checkbox"/> Still expose to the agent at the workplace but using personal protective equipment
<input type="checkbox"/> Still expose to the agent at the workplace but not using personal protective equipment
<input type="checkbox"/> Same place of work but no longer expose to agent
<input type="checkbox"/> Changed job/ alternative employment
<input type="checkbox"/> Away from work due to illness
<input type="checkbox"/> Early retirement
<input type="checkbox"/> Unemployed
- Existing control

<input type="checkbox"/> Engineering Control
<input type="checkbox"/> Standard Operating Procedure (SOP)
<input type="checkbox"/> Training / Education / Work Schedule / Rotation
<input type="checkbox"/> Personal Protective Equipment (PPE)
<input type="checkbox"/> Other (please specify) : _____

WEHU S1 & S2 (JKKP 7)

**WEHU - S1
(JKKP 7)**

NOTIFICATION OF OCCUPATIONAL SKIN DISEASE

Send to: Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri _____	<p style="text-align: center;">Part B - Affected person</p> Name _____ Date of Birth _____ New IC/ Passport no. _____ DD / MM / YY Nationality _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Group _____ Occupation _____ Name and address of organization _____ District _____ State _____ Location of incident _____
<p style="text-align: center;">Part A - Notifier (Regulation 7(2) Registered Medical Practitioner)</p> Name _____ Designation _____ Address of clinic / hospital _____ Contact no. _____	<p style="text-align: center;">Part C - Occupational Skin Disease</p> Date of diagnosis _____ DD / MM / YY Diagnosis/ Provisional diagnosis _____
<p style="text-align: center;">Part D</p> a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities) b) What was the hazard or agent been exposed to the patient? c) How long had the patient been exposed to the hazard or agent? d) How long had the patient been experiencing the symptoms?	
Signature of Notifier _____ Date _____	Name and address of attending doctor (Official Stamp) _____

WEHU - S2

Duration of symptoms _____ (by years, months or days)

Type of occupational skin disease

a) Occupational Dermatitis : Unknown Allergic Irritant Irritant & Allergic

b) Occupational Skin Cancer
 Premalignant Papilloma or Keratosis
 Carcinoma - In - situ
 Basal Cell Carcinoma
 Squamos Cell Carcinoma
 Others (please specify) : _____

c) Other occupational skin disease
 Occupational acne
 Skin burns
 Occupational leukoderma
 Skin infections
 Others (please specify) : _____

Suspected causal agent _____

3. Source of case
 Skin clinic
 Occupational Health Clinic
 Health Clinic (*Klinik Kesihatan*)
 Other Specialist Clinic (please specify) _____
 Others (please specify) : _____

4. Relevant past or family story : Yes No
 If yes, please specify : _____

5. Is patient atopic Yes No Unsure

6. Relevant job(s)

Type of work/ industry	Job title	Duration of employment (by years, months or days)

7. Outcome on DD - MM - YY
 Still expose to the agent at the workplace but using personal protective equipment
 Still expose to the agent at the workplace but not using personal protective equipment
 Same place of work but no longer expose to agent
 Changed job/ alternative employment
 Away from work due to illness
 Early retirement
 Unemployed

8. Existing control
 Engineering Control
 Standard Operating Procedure (SOP)
 Training / Education / Work Schedule / Rotation
 Personal Protective Equipment (PPE)
 Others (please specifv) :

NADOPOD

Record

- ▶ Accident, dangerous occurrence, injury, poisoning and disease records must be kept by employers for each of their establishments.
- ▶ Records should be kept for at least 5 years
- ▶ The employers shall send to the Director General the 12 months registry ending on 31st December of each year.

References

- ▶ Occupational Safety and Health Act 1994 (Act 514)
- ▶ Factory And Machinery Act 1967

THANK YOU!!!!

