

HIRARC 101



Hazard Identification		Control Measures	
Activity	Hazard	Control Measure	Responsible Person

Topics

- History and Usage of HIRARC
- HIRARC development
- Advanced HIRARC

Target Group

- Safety & Health Officers
- Safety / Production Managers
- Safety & Health Committee
- Security Officers
- Supervisors
- Technicians
- Safety Trainers

Venue & Date

RM 280 /pax

Kuala Lumpur	Johor Bahru	Kuching
12 Apr 2018	10 May 2018	12 Jul 2018
22 Nov 2018	M-Suites Hotel	Merdeka Palace
Best Western PJ		
Pulau Pinang	K. Kinabalu	
16 Aug 2018	20 Sep 2018	
Sunway Hotel	Grandis Hotel	

HIRARC is a process of Hazard Identification, Risk Assessment, Risk Control. It is a crucial process prior to any activities. It is stated in JKKPs guidelines under OSHA 1994. All organizations shall conduct HIRARC. With this training, participants will be exposed to develop HIRARC as per JKKP guideline.

By joining this program, participants will be exposed in developing the hazard and effects register. With the correct identification of hazard at workplace, correct controls can be identified and applied.

Objectives

- To prepare HSE and risk professionals to undertake qualitative risk assessment
- To understand how to develop HIRARC as JKKP guidelines and requirement
- To equip participant for a more complex & systematic HIRARC

05 CEP POINTS

HRDF CLAIMABLE

KHALIL SAFETY CONSULTANT

Participants will be able to identify, assess and control risk involved in any activities at the workplace

SECTION A – COURSE DETAILS

COURSE TITLE

COURSE DATE

SECTION B – PARTICIPANT DETAILS

FULL NAME
(as per IC)

IC NO

AGE

EMAIL

MOBILE NO

COMPANY

DESIGNATION

SECTION C – PAYMENT DETAILS

SPONSOR
(please tick)

SELF
SPONSORED

COMPANY
SPONSORED

TAX INVOICE
REQUIRED?

YES

NO

COMPANY
NAME

COMPANY
ADDRESS

PERSON IN
CHARGE

DESIGNATION

EMAIL

PHONE NO

SECTION D – REGISTRATION FEES

COURSE
FEE

PAYMENT METHOD

Cheque

Bank Transfer

Account Details :-

Bank : **CIMB ISLAMIC**
 Account Name : **KHALIL SAFETY CONSULTANT SDN BHD**
 Account Number : **860 177 1112**

SECTION E - DECLARATION

I hereby declare that I am an authorized representative of the company with full power and authority to sign and deliver this application form. The Company listed on this application and form agrees to comply with all the terms and conditions contained in Section F of this form, and all the terms and conditions adopted by the Training Provider from time to time.

Applicants Signature

Authorized Officer's Name

Authorized Officer's
Signature

Date

Authorized Officer's Designation

Date

COMPANY'S OFFICIAL
STAMP