

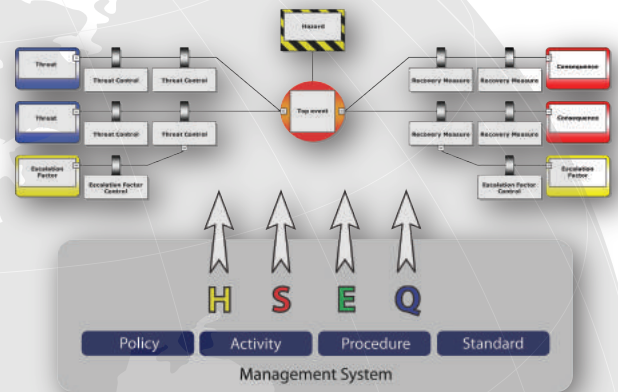
HIRARC

WITH THE AID OF BOWTIE'S

HIRARC is a structured register to identify and assess hazards, and the risks that they pose to people, the environment, assets or reputation.

A bowtie diagram is shaped like a bow-tie, creating a clear differentiation between proactive and reactive risk management. "A summary of several plausible risk scenarios, in a single picture".

Bowtie provides a simple, visual explanation of a risk that would be much more difficult to explain otherwise.



Objectives

- To understand the principle of risk assessment and how accident should be prevented
- To understand the essential elements involved in an accident
- To undertake qualitative risk assessment using Bowtie method
- To understand the principle of barrier based risk assessment
- To be able to carry out an effective risk assessment
- As a continuous education for competent person (SHO)

10 CEP POINTS

HRDF
CLAIMABLE

Participants will be able to develop a professional HIRARC with a structured approach of Bowtie method.

Venue & Date

RM 750 /pax

Kuala Lumpur

2-3 Apr 2018

5-6 May 2018

8-9 Oct 2018

Best Western PJ

Johor Bahru

23-24 Jul 2018

M-Suites Hotel

Kuching

24-25 Sep 2018

Merdeka Palace



Topics

- Barrier Based Risk Management
- Control Theory in Risk Management
- Usage of BowtieXP Software
 - BowTieXP

Target Group

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

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