

Incident Investigation TRIPOD BETA

Tripod Beta is a robust and powerful technique for incident investigation and analysis.

Effectively analysing incidents using this techniques requires a high level of understanding and competence in both investigation techniques and Tripod Beta.

By joining this program, participant will be able to understand and apply the world-class incident investigation analysis method throughout any industries.

Objectives

- To understand the principle of accident and how an accident can be prevented
- To understand the essential elements involve in an accident
- To understand the principle of incident and accident investigation
- To be able to carry out effective incident investigation
- To be able to analyse an incident using Tripod Beta method
- To be continuous education for competent person (SHO)

Venue & Date

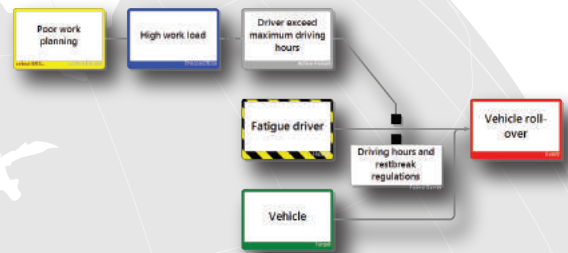
Kuala Lumpur
10-11 Mar 2018
04-05 Apr 2018
01-02 Sep 2018
10-11 Oct 2018

Best Western PJ

Johor Bahru
25-26 Jul 2018
M-Suites Hotel

Kuching
26-27 Sep 2018
Merdeka Palace

RM 750 /pax



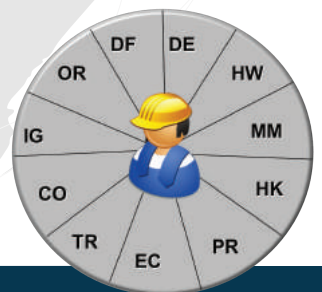
i3 Investigator 3

Topics

- Tripod beta history
- Theory concept
- Tripod development background and basic philosophy
- Development of effective incident report from past incident
- Hands-on Investigator 3 software

Target Group

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



Participants will be able to develop a comprehensive incident investigation analysis using the Tripod Beta method



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