

# Post Incident Process

Accidents at workplace are very common, but victims are often to be accused for the accident and eventually will not get sufficient support and compensation.

Although, many are aware on the existence of various acts but very few understand it's purposes and involvement in providing assistance to the worker shall an accident occurs at the workplace.

By joining this program participant will be able to relate and understand the function of the various government agencies in identifying the non-compliance related to the act for the purpose of taking legal action.

## Objectives

- To understand what need to be done following an incident and scope of each govt. agencies
- To share various agencies acts and understand the requirement related to the non-compliance
- To highlight safety and health provisions stated in the Regulations under the Act related to the work
- To understand what need to be done following an incident and the process of taking legal action

## Topics

- PERKESO, FMA, OSHA, CIDB act
- Roles of organization and various gov. agencies
- Steps in taking legal action

## Target Group

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

## Venue & Date

RM 280 /pax

<u>Kuala Lumpur</u>	<u>Johor Bahru</u>	<u>Kuching</u>
11 Apr 2018	09 May 2018	11 Jul 2018
21 Nov 2018	M-Suites Hotel	Merdeka Palace
Best Western PJ		
<u>Pulau Pinang</u>	<u>K. Kinabalu</u>	
15 Aug 2018	19 Sep 2018	
Sunway Hotel	Grandis Hotel	



**05 CEP POINTS**

**HRDF**  
CLAIMABLE

**KHALIL**  
SAFETY CONSULTANT

Participants will be able to understand the function of various acts and regulations that exist and understand ways of taking legal action after an incident occurred.

## 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