

Safety & Health Committee

The establishment of Safety Health Committee is to foster cooperation, consultation and as an effective channel of communication between management and workers related to safety and health.

Most organization does not understand to the requirement as stated in OSHA 1967. This result to poor safety culture in the organization.

By joining this program, participant will be able to understand the requirement of setting up SHC and the roles played in ensuring a safe workplace.

Objectives

- To be able to state the requirement for a Safety Health Committee
- To better understand the importance of a safety and health committee
- To develop the knowledge attitudes and skills of a safe worker
- To play an active and effective role in the workplace health and safety system.

Topics

- Objectives of the Regulation
- Functions and composition of SHC
- Duty of an employer and a worker
- Near miss reporting and penalty

Target Group

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

Venue & Date

RM 280 /pax

Kuala Lumpur

10 Apr 2018

15 Nov 2018

Best Western PJ

Johor Bahru

08 May 2018

M-Suites Hotel

Kuching

10 Jul 2018

Merdeka Palace

Pulau Pinang

14 Aug 2018

Sunway Hotel

K. Kinabalu

18 Sep 2018

Grandis Hotel

Participants will be able to understand the roles, functions and requirement of a safety and health committee

05 CEP
POINTS

HRDF
CLAIMABLE

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