



FMM INSTITUTE (Centre for Professional Development)

Wisma FMM, No. 3, Persiaran Dagang, PJU 9, Bandar Sri Damansara, 52200 Kuala Lumpur
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E-Learning Classes

OCCUPATIONAL SAFETY AND HEALTH COORDINATOR (OSH-C)



**ACCREDITED
BY DOSH**

In line with the Strategy 6 SME 2020, to enhance the number of Occupational Safety and Health practitioner, each of SMEs Company is required to appoint at least one employee as a “Trained Person for Occupational Safety and Health Coordinator (OSH Coordinator)”.

Course Objectives

- Provide in-depth professional knowledge of the purpose, objective and importance of OSH Coordinator in an organisation
- Enhance the legal knowledge pertaining to OSH Coordinator and be acquainted with necessary know-how and techniques for performing duties as OSH Coordinator
- Create and promote the safety culture in the work place, and provide the knowledge pertaining to OSH compliance and
- Provide the knowledge to manage and maintain the Occupational Safety and Health documents

Course Details

Date: January 12, 14, 19, 25 & 27, 2021

Venue: Remote Online Learning

Fees: FMM Member RM954.00 per pax
(Inclusive of 6% Service Tax)
Non Member RM1,272.00 per pax
(Inclusive of 6% Service Tax)

Training Platform: TalentLMS & Zoom



-Please scan here for more information-

Who Should Attend
Safety and Health members, Human Resource Officers and Supervisors from various sectors of industries

SBL Scheme / Hybrid Mode

All cancellations must be made in writing. There will be no charge for cancellation received 14 or more working days before the start of the programme. Cancellation received 7-13 working days before the start of the programme is subjected to a cancellation fee of 50% of the course fees. Cancellation received 6 working days and below before the start of the programme is subjected to cancellation fee of 100% of the course fees. If the participant fails to attend the programme, the full course fees are payable. However, replacement can be accepted at no additional cost.



**OCCUPATIONAL SAFETY AND HEALTH COORDINATOR
(OSH Coordinator)**

COURSE CONTENTS

Topic 1 - Reality of Small and Medium Industries in Malaysia

Topic 2 - Introduction to Role and Function of the Department

Topic 3 - Basic Management of OSH SMIs

Topic 4 - Chemical Management

Topic 5 - Introduction to Occupational Diseases

Topic 6 - Hazard Identification, Risk Assessment and Risk Control

Topic 6.1 - Practical Exercise on HIRARC

Topic 7 - Material Storage and Handling

Topic 8 - Work Station Design & Lighting

Topic 9 - Productive Machine Safety

Topic 10 - Premises and Work Related Facilities

COURSE SCHEDULE

Date	Webinar	Self-Learning/Quiz/Activity
January 12, 2021	3 hours	2 hours
January 14, 2021	4 hours	2.5 hours
January 19, 2021	2 hours	3 hours
January 25, 2021	2 hours	2.5 hours
January 27, 2021	2 hours	



REGISTRATION FORM

OCCUPATIONAL SAFETY AND HEALTH COORDINATOR (E-Learning)

Date: January 12, 14, 19, 25 & 27, 2021

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(To be completed in BLOCK LETTERS)

A. PERSONAL PARTICULARS

Full Name (Mr/Ms) : _____ NRIC No. : _____

Designation : _____ Name of Company : _____

Permanent Address : _____

Correspondence Address : _____
(if different from permanent address)

Tel No. (H) : _____ (O) : _____ Fax No. : _____

E-mail Address : _____ H/P No: _____

Date of Birth : _____ Sex : _____ Age : _____ Nationality : _____ Race : _____

B. EDUCATIONAL BACKGROUND

Name of School / Institution	Years Attended		Highest Qualification Obtained
	From	To	
Secondary : _____	_____	_____	_____
College / University : _____	_____	_____	_____
Any Special Professional Course : _____	_____	_____	_____

C. SPONSORSHIP

Company Sponsored Self Sponsored Please Tick (√)

D. SUBMITTED BY (To be filled if sponsored by company)

SBL Non Contributor Please Tick (√)

Name : _____ Designation : _____

Company Name: _____

Company Address : _____

Tel No. : _____ Fax No. : _____ E-mail Address : _____

FMM Membership No: _____ My Corporate Identity No : _____ GST Registration No: _____

E. DECLARATION

I hereby declare that the information provided is correct and complete.

Signature of Participant: _____ Date: _____

Payment Advice:

Enclosed cheque/bank draft No. _____ for RM ____ being payment for _____ participant(s) made in favour of "FMM Institute".

Please fax or mail the registration form to:

Pn Nora Liza / Pn Norsyamira

Tel : 03-62867200 Fax : 03-62776712

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