



**FMM INSTITUTE** (Centre for Professional Development)

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*Hybrid Mode*

## **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: Nov 10, 16, 18, 24 & 25, 2021

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

### **Who Should Attend**

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

**SBL-Khas Scheme**

*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**

<b>Date</b>	<b>Webinar</b>	<b>Self-Learning/Quiz/Activity</b>
November 10, 2021	3 hours	2 hours
November 16, 2021	4 hours	2.5 hours
November 18, 2021	2 hours	3 hours
November 24, 2021	2 hours	2.5 hours
November 25, 2021	2 hours	



## REGISTRATION FORM

### OCCUPATIONAL SAFETY AND HEALTH COORDINATOR (Hybrid)

Date: Nov 10, 16, 18, 24 & 25, 2021

Venue: Remote Online Learning

(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 From To	Highest Qualification Obtained
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-Khas                       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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