



KEMENTERIAN SUMBER MANUSIA

**LEMBAGA PENILAIAN KOMPETENSI KESELAMATAN DAN
KESIHATAN PEKERJAAN**

PEPERIKSAAN DOKTOR KESIHATAN PEKERJAAN
OCCUPATIONAL HEALTH DOCTOR EXAMINATION

KERTAS 2
PAPER 2

TUGASAN TEMPAT KERJA
WORKPLACE ASSIGNMENT

GARIS PANDUAN TUGASAN TEMPAT KERJA
WORKPLACE ASSIGNMENT GUIDELINES

INSTRUCTION:

CANDIDATES MUST READ THE FOLLOWING INSTRUCTIONS CAREFULLY AND FOLLOW ALL INSTRUCTIONS.

A. WORKPLACE ASSIGNMENT

1. Choose a workplace. This can be the whole workplace or a separate section of the workplace.
2. For assessment purpose, select one (1) work unit.
3. Identify all health hazards associate with the work activities in this workplace
4. Discuss the findings.
5. Briefly discuss health surveillance programme.
6. Write a workplace assignment report based on item 1 to 5 using the format described in section B.

Definition:

“A work unit” is essentially a group of workers doing similar tasks (i.e having similar potential for exposure) whether in one work area covering several work areas and exposed to the same chemicals hazardous to health.

B. FORMAT OF ASSIGNMENT REPORT

1. Text Format
 - i. This assignment must be in English and clearly typed.
 - ii. The fonts used must be Times New Roman size 12 and using double spacing (except for title page).
 - iii. The left and right margin must be 1 inch, while the top and bottom margin must be 1.5 inches and formatted in paper sized A4.
 - iv. The report must have a front cover (Please refer to Appendix I).

2. Report Format and Marking Scheme

NO.	DETAILS	MARKS
2.1	WORKPLACE ASSIGNMENT DECLARATION FORM	COMPULSORY
2.2	REPORT TITLE PAGE	-
2.3	EXECUTIVE SUMMARY	5
2.4	INTRODUCTION	15
2.5	ASSESSMENT METHODS	20
2.6	RESULT	25
2.7	DISCUSSION & RECOMMENDATION	25
2.8	CONCLUSION	5
2.9	APPENDICES	5
TOTAL		100

2.1 WORKPLACE ASSIGNMENT DECLARATION FORM (COMPULSORY)

- i. Refer to Appendix 2.
- ii. The Workplace Assignment Declaration form is a mandatory document. The assessor will fail the candidate if the candidate does not upload the Workplace Assignment Declaration Form or if there is no verification from the company (representative's signature & company stamp).

2.2 REPORT TITLE PAGE

Refer to Appendix 1.

2.3 EXECUTIVE SUMMARY (5 marks)

Write a one-page summary to explain the purpose, main activities, findings and conclusions of your report.

2.4 INTRODUCTION (15 marks)

- i. Purpose and objectives of the report.
- ii. Provide a description of the company and the work site selected. The description must include the organizational chart, activities and work environment.
- iii. Provide a description on the work units assessed (job title, groups, work processes, activities) so as to give the reader a clear understanding of the workplace activities and the hazards associated with the activities.
- iv. Review of existing health surveillance programme.

2.5 ASSESSMENT METHODS (20 marks)

- i. Explain how you identify all hazards in the workplace.
- ii. Describe the technique used to assess and evaluate the risk of the hazards identified.
- iii. You are required to provide data or related documents to support your explanation.

2.6 RESULT (25 marks)

- i. List the hazards identified.
- ii. Prioritize these hazards accordingly-provide your explanation in steps.

2.7 DISCUSSION & RECOMMENDATION (25 marks)

- i. Discuss the factors that contribute to the significant health risk.
- ii. Provide recommendations to employer on the necessity for a health surveillance programme.

2.8 CONCLUSION (5 marks)

Give conclusion of the report.

2.9 APPENDICES (5 marks)

All necessary information used to support the report must be included in the appendices.



D. SUBMISSION OF THE WORKPLACE ASSIGNMENT

The completed Workplace Assignment Report (WPA) must be uploaded separately from the Workplace Assignment Declaration Form (Appendix 2).

Both documents must be uploaded online at <https://myexam.niosh.net.my> before the WPA submission deadline (Refer to the Examination Schedule).

Appendix 1

Note: This is only a sample of Workplace Assignment Report title page

Report of Hazards
in the XXX Section of
A Manufacturing Company
(font size 22)

By

Name : _____

MyKad No. : XXXXXXXX-XX-XXXX

(font size 16)

Occupational Health Doctor Examination

Paper 2: Workplace Assignment

(font size 12)

Appendix 2

BORANG PERAKUAN TUGASAN TEMPAT KERJA
WORKPLACE ASSIGNMENT DECLARATION FORM

Adalah saya dengan ini mengaku bahawa Tugas Tempat Kerja ini yang disediakan untuk peperiksaan **Doktor Kesihatan Pekerjaan (OHD)** adalah berdasarkan hasil kerja asal saya sendiri dan maklumat diperolehi hasil lawatan tapak ke tempat kerja saya yang berkenaan kecuali sedutan atau petikan yang dinyatakan.

Sekiranya maklumat yang dinyatakan tidak benar, pihak Jawatankuasa Kompetensi OHD di bawah Lembaga Penilaian Kompetensi Keselamatan dan Kesihatan Pekerjaan (LPKKKP) berhak menggagalkan Tugas Tempat Kerja ini.

Borang Perakuan Tugas Tempat Kerja ini adalah dokumen wajib. Penilai akan menggagalkan calon sekiranya tiada pengesahan daripada syarikat (tandatangan wakil & cop syarikat).

*I hereby certify that this Workplace Assignment prepared for the **Occupational Health Doctor (OHD)** examination is based on my original work and information gathered from the site visit except for citations and quotations made.*

If the information stated is not true, the Jawatankuasa Kompetensi OHD under Lembaga Penilaian Kompetensi Keselamatan dan Kesihatan Pekerjaan (LPKKKP) reserves the right to fail this Workplace Assignment.

The Workplace Assignment Declaration form is a mandatory document. The assessor will fail the candidate if no verification from the company (representative's signature & company stamp).

Tandatangan / Signature :

Nama / Name :

No. MyKad / MyKad No. :

Tarikh / Date :

PENGESAHAN SYARIKAT / COMPANY VERIFICATION

Saya mengesahkan penama seperti di atas telah menjalankan tugas tempat kerja di premis ini bagi tujuan peperiksaan **Doktor Kesihatan Pekerjaan (OHD)**:

*I confirm the above-named person has conducted the workplace assignment at this premises for the purpose of the **Occupational Health Doctor (OHD)** examination:*

Tandatangan / Signature :

Nama / Name :

Jawatan & Jabatan :
Position & Department

No. Tel. (Pej./Bimbit) :
Tel. No (Off./ Handphone)

Cop rasmi syarikat
Company official stamp

Tarikh / Date :

