



KEMENTERIAN SUMBER MANUSIA

**LEMBAGA PENILAIAN KOMPETENSI KESELAMATAN DAN
KESIHATAN PEKERJAAN**

**PEPERIKSAAN PENAKSIR KUALITI UDARA DALAMAN
*INDOOR AIR QUALITY ASSESSOR 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 one workplace.
2. Name all the division / sections available at the workplace.
3. Select ONE (1) work area where there are persons at work and served by a common ventilating or air conditioning system.
4. Conduct a walk-through survey at the selected work area / section.
5. Conduct workplace questionnaires and interview selected workers in the said work area / section.
6. Conduct air sampling.
7. Conduct ventilation system assessment.
8. Prepare a monitoring and assessment report based on the attached report format.

B. FORMAT OF ASSIGNMENT REPORT

- i. Text Format
 - i. This assignment must be in either Bahasa Malaysia or 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 2.5 cm, while the top and bottom margin must be 2.5 cm and formatted in paper sized A4.
 - iv. The report must have a front cover (Please refer to Appendix I).

ii. Report Format and Marking Scheme

NO.	DETAILS	MARKS
1	WORKPLACE ASSIGNMENT DECLARATION FORM	COMPULSORY
2	REPORT TITLE PAGE	-
3	EXECUTIVE SUMMARY	10
4	INTRODUCTION	10
5	ASSESSMENT METHODS	15
6	RESULT	20
7	DISCUSSION	10
8	RECOMMENDATION	20
9	CONCLUSION	10
10	REFERENCES	1
11	APPENDICES	4
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 (10 marks)

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

2.4 INTRODUCTION (10 marks)

- i. Objective of the assessment.
- ii. Scope of assessment.
- iii. Description of
 - Business activities carried out.
 - Number of workers and work schedule.

2.5 ASSESSMENT METHODS (15 marks)

- i. Workplace survey (questionnaire & interview).
- ii. Air sampling and instrumentation (to cover all parameters assessed).
 - Description of sampling methodology.
 - Description of Analytical method used for laboratory analysis.
- iii. MVAC assessment.

2.6 RESULT (20 marks)

- i. Potential sources of indoor air contaminants, such as from furnishings, electrical equipments, etc.
- ii. Measurement results for 5 contaminants listed in Table 1 (Code Of Practice) including:
 - Employee exposure to environmental tobacco smoke, either directly or passively.
 - Employee exposure to air contaminants, either from indoor or outdoor sources.

- iii. Prescribed activities, such as changing of carpets, repainting, etc that could poses health effect to the occupants.
- iv. Adequacy of mechanical ventilation at place of work, such
 - Determining the air changes per hour, and
 - Rate of fresh air changes, etc.
- v. Health complaints as well as signs and symptoms related to indoor air quality proble.
- vi. The risk situation

2.7 DISCUSSION (10 marks)

Discuss the factors that contribute to the significant health risk.

2.8 RECOMMENDATION (20 marks)

- i. List down actions to be taken by employer in accordance with the Code of Practice.
- ii. Recommendations to improve indoor air quality at the workplace.
- iii. Recommendations on how to maintain good indoor air quality in the event of carrying out prescribed activities.
- iv. Necessity to monitor employees' exposure on a regular basis.

2.9 CONCLUSION (10 marks)

- i. Objective achieve or not.
- ii. Conclusion of the monitoring and assessment.

2.10 REFERENCES (1 mark)

List of references.

2.11 APPENDICES (4 marks)

- i. Process flowchart, if applicable.
- ii. Workplace lay-out plant, including:
 - Location of area / workers selected for monitoring
- ii. Monitoring data sheets, including
 - Calculation (if applicable)
 - Certificate of analysis
- iii. A latest copy of calibration certificate for measuring instruments and calibrator.
- iv. A copy of competent person's certificate.

D. SUBMISSION OF THE WORKPLACE ASSIGNMENT

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

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

E. PAPER 2 – PART B: PRESENTATION

1. Paper 2 - Part B: Presentation The oral examination will be based on the **assignment report and knowledge in the field of indoor air quality assessment**. You are required to present the report as if you are presenting it to the management. The presentation should contain the following:
 - i. Purpose of the indoor air quality assessment;
 - ii. Description of work area assessed;
 - iii. Assessment and monitoring methods;
 - iv. Findings and discussions; and
 - v. Conclusion and recommendation.

2. The presentation has to be prepared in Microsoft PowerPoint and must be printed out in **TWO (2)** copies for panel presentation. The presentation must tally with the WPA submitted.
3. The candidate is **NOT ALLOWED** to make any changes to the presentation after submission the WPA.
4. Duration of presentation session:
 - i. Presentation = 15 minutes
 - ii. Questions and answers = 20 minutes



Lampiran 1 / Appendix 1

Nota: Ini adalah contoh halaman tajuk Laporan Tugas Tempat Kerja
Note: This is only a sample of Workplace Assignment Report title page

Report of Indoor Air Quality Assessment

at

A Manufacturing Company

(font size 22)

By

Name : _____

MyKad No. : XXXXXXXX-XX-XXXX

(font size 16)

Indoor Air Quality Assessor Examination

Paper 2: Workplace Assignment

(font size 12)

Lampiran 2 / 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 **Penaksir Kualiti Udara Dalaman (IAQ)** 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 IAQ 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 **Indoor Air Quality Assessor (IAQ)** 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 IAQ 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 **Penaksir Kualiti Udara Dalaman (IAQ)**:

*I confirm the above-named person has conducted the workplace assignment at this premises for the purpose of the **Indoor Air Quality Assessor (IAQ)** 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 :