



# SAFETY INDUCTION FORM

Name		Date Joined	
I/C No. / Passport No.		Company	
Project		Designation / Trade	

## 1.0 RESPONSIBILITY & ACCOUNTABILITY

### Occupational Safety & Health Act 1994

<input type="checkbox"/> Section 15	<input type="checkbox"/> Section 24	<input type="checkbox"/> Others
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## 2.0 OSH POLICY, OSH OBJECTIVE & OSH PROCEDURE

<input type="checkbox"/> OSH Policy	<input type="checkbox"/> OSH Objective	<input type="checkbox"/> OSH Procedure
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## 3.0 GREEN CARD (CIDB) / NIOSH SAFETY PASSPORT / WORK PASS OR PERMIT

<input type="checkbox"/> CIDB Green Card	<input type="checkbox"/> NIOSH Safety Passport	<input type="checkbox"/> Work Pass /Permit
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## 4.0 PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS

<input type="checkbox"/> Safety Helmet	<input type="checkbox"/> Protective Clothing (rain coat, fire retardant)
<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Respiratory Protection (particle, chemical)
<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Eye Protection (goggle, spectacle, welding mask)
<input type="checkbox"/> Safety Vest	<input type="checkbox"/> Hand Protection (leather, rubber, cotton glove)
<input type="checkbox"/> Hearing Protection (ear plug, ear muff)	<input type="checkbox"/> Other :

## 5.0 HAZARD IDENTIFICATION, RISK ASSESSMENT & DETERMINING CONTROL

<input type="checkbox"/> Hot Work (welding, grinding, etc)	<input type="checkbox"/> Ergonomic
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Working At or Near Building Edge / Opening
<input type="checkbox"/> Excavation More Than 1.2 Meter Depth	<input type="checkbox"/> Access & Egress
<input type="checkbox"/> Working at Height	<input type="checkbox"/> Manual / Power Tools
<input type="checkbox"/> Working on Work Platform	<input type="checkbox"/> Public Safety
<input type="checkbox"/> Heavy / Critical Lifting Activity	<input type="checkbox"/> Night Work
<input type="checkbox"/> Physical Hazard	<input type="checkbox"/> Concreting
<input type="checkbox"/> Biological Hazard	<input type="checkbox"/> Plant / Equipment & Machinery
<input type="checkbox"/> Chemical Hazard	<input type="checkbox"/> Material Arrangement / Storage Housekeeping
<input type="checkbox"/> Electrical Hazard	<input type="checkbox"/> Other :

## 6.0 OTHERS

<input type="checkbox"/> Accident / Incident Reporting	<input type="checkbox"/> Site Safety & Health Requirement
<input type="checkbox"/> Emergency Response Procedure	<input type="checkbox"/> Security Procedure
<input type="checkbox"/> Drugs & Alcohol	<input type="checkbox"/> Permit To Work Procedure
<input type="checkbox"/> Safety, Health & Welfare	<input type="checkbox"/> Traffic Management Plan
<input type="checkbox"/> Personal & Living Quarters Hygiene	<input type="checkbox"/> Other :

☐ I have received an OSH Induction on the above items and topics and duly acknowledge and confirm that I understood them and shall comply with the OSH requirements on this project. I hereby acknowledged on myself / behalf of my workers (as per attendance list) that they had been given induction on the above mention items.

Note: Use Attendance List if do the induction by group / team for induction attendance record.

# SAFETY INDUCTION FORM

## ATTENDANCE LIST

No	Name	I.C No. / Passport No.	Company	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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13				
14				
15				
16				
17				
18				
19				
20				

### CONDUCTED BY:

### ACKNOWLEDGED BY:

Name :

Designation :

Date :

Name :

Designation :

Date :