



**KEMENTERIAN SUMBER MANUSIA**

**LEMBAGA PEPERIKSAAN 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 surveillancce 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 (title) cover and it must be bound.
  - v. The marks allocated to each section are shown.

## 2. Report Format and Marking Scheme

NO.	DETAILS	MARKS
1	WORKPLACE ASSIGNMENT DECLARATION FORM	COMPULSORY
2	FRONT COVER	-
3	EXECUTIVE SUMMARY	5
4	INTRODUCTION	15
5	ASSESSMENT METHODS	20
6	RESULT	25
7	DISCUSSION & RECOMMENDATION	25
8	CONCLUSION	5
9	APPENDICES	5
<b>TOTAL</b>		<b>100</b>

### 2.1 WORKPLACE ASSIGNMENT DECLARATION FORM (COMPULSORY)

### 2.2 EXECUTIVE SUMMARY (5 marks)

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

### 2.3 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.

**2.4 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.

**2.5 RESULT (25 marks)**

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

**2.6 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.

**2.7 CONCLUSION (5 marks)**

Give conclusion of the report.

**2.8 APPENDICES (5 marks)**

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

**C. VERIFICATION OF WORKPLACE ASSIGNMENT**

You are required to verify that the Workplace Assignment submitted to the OHD Examination Secretariat **is your own work. Your assignment should be seen to be independent and should not be identical to other candidate's submission.** Please fill out the Workplace Assignment Declaration Form (Refer to Appendix 2) and bind it together with your Workplace Assignment as the first page of your assignment. Company authentication with a company stamp is mandatory.

**D. SUBMISSION OF THE WORKPLACE ASSIGNMENT**

The completed Workplace Assignment Report (WPA) should be attached with Workplace Assignment Certification Form (Appendix 2). All elements need to be uploaded online at <https://myexam.niosh.net.my> before the deadline of the WPA submission (Refer to the Examination Schedule).



## Appendix 1

(Note: This is only a sample report that guides you on the format and write-up of the workplace assignment)

# Report of Hazards

in the XXX Section of

A Manufacturing Company

*(font size 22)*

By

Index No: ND3000

MyKad No: XXXXXXX-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 Pekerja (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 Peperiksaan Kompetensi Keselamatan dan Kesihatan Pekerja (LPKKKP) berhak menggagalkan Tugas Tempat Kerja ini.

*I hereby certify that this Workplace Assignment prepared for the **Occupational Health Doctor (OHD)** 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 Peperiksaan Kompetensi Keselamatan dan Kesihatan Pekerja (LPKKKP) reserves the right to fail this Workplace Assignment.*

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 :

*I confirm the above-named person has conducted the workplace assignment at this premises :*

Tandatangan / Signature : .....

Nama / Name : .....

Jawatan & Jabatan : .....  
*Position & Department*

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

Tarikh / Date : .....

Cop rasmi syarikat  
Company official stamp