



**NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND
HEALTH (NIOSH)**

**PEPERIKSAAN UNTUK ORANG TERLATIH ERGONOMIK BAGI
PENAKSIRAN RISIKO ERGONOMIK LANJUTAN (ERA2)**

*ERGONOMICS TRAINED PERSON FOR ADVANCED ERGONOMICS RISK
ASSESSMENT EXAMINATION (ERA2)*

KERTAS 2: TUGASAN TEMPAT KERJA
PAPER 2: WORKPLACE ASSIGNMENT

GARIS PANDUAN TUGASAN TEMPAT KERJA
WORKPLACE ASSIGNMENT GUIDELINES

INSTRUCTIONS TO PREPARE A WORKPLACE ASSIGNMENT

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

A. WORKPLACE ASSIGNMENT

1. Choose one workplace.
2. Conduct a walk-through survey.
3. Name all the work division / sections / unit available at the workplace.
4. Describe specific work activity chosen for this workplace assessment and discuss the selection process
5. Conduct musculoskeletal survey for at least (5) workers at the chosen task and analyze the trend.
6. Conduct ergonomics risk factors assessment using at least two (2) advance ergonomics risk assessment methods. Each methods should address different ergonomics risk factors.
7. Prepare an assessment report based on the attached report format.

B. REPORT FORMAT

(i) Text Format

1. This report of the assignment must be provided in either Bahasa Malaysia or English language.
2. The font used must be Times New Roman size 12 and using double spacing (except for title page) and single spacing for the abstract.
3. The left and right margin must be 2.54cm, while the top and bottom margin must be 3.81cm and formatted in paper sized A4.
4. Use one side of the paper only.
5. The report must have a front cover (Refer Appendix 1).

(ii) Report Format and Marking Scheme

Report should include the following topics:

1. EXECUTIVE SUMMARY (10 marks)
2. INTRODUCTION (5 marks)
3. ASSESSMENT OBJECTIVES (3 marks)
4. TASK DESCRIPTIONS (7 marks)
5. METHODS (15 marks)
6. RESULTS AND DISCUSSION (40 marks)
7. RECOMMENDATION (12 marks)
8. REFERENCES (3 marks)
9. APPENDICES (5 marks)

CANDIDATES ARE REQUIRED TO PREPARE A REPORT BASED ON THE FORMAT GIVEN BELOW. THE MAXIMUM MARKS FOR EVERY SECTION ARE GIVEN IN BRACKETS ()

1. EXECUTIVE SUMMARY (10 marks)

- 1.1. Brief description of workplace and selected task.
- 1.2. Objectives.
- 1.3. Methods.
- 1.4. Summary of findings.
- 1.5. Recommendation.

2. INTRODUCTION (5 marks)

- 2.1. Date of Assessment.
- 2.2. Name.
- 2.3. Description of chosen organization and workplace/ division/unit.

3. ASSESSMENT OBJECTIVES (3 marks)

- 3.1. Explain the purpose of assessment that have been conducted.

4. TASK DESCRIPTION (7 marks)

- 4.1. Description of selected work task (i.e. how the task performed, number of workers, duration, cycle time, existing control et cetera). Provide justification of task selection using initial ERA results.

5. METHODS (15 marks)

- 5.1. First Method: Detailed description of Musculoskeletal Survey/Assessment Method.
- 5.2. Second Method: Detailed description of Ergonomics Risk Factors Assessment Method (First Ergonomics Risk Factor).
- 5.3. Third Method: Detailed description of Ergonomics Risk Factors Assessment Method (Second Ergonomics Risk Factor).

NOTE: All methods description should at minimum contained how the assessment was conducted, equipment's & tools used and number of samples.

6. RESULTS (40 marks)

- 6.1. Musculoskeletal Survey/Assessment Findings.
- 6.2. Ergonomics Risk Factors Assessment Findings (First Ergonomics Risk Factors).
- 6.3. Ergonomics Risk Factors Assessment Findings (Second Ergonomics Risk Factors).

NOTE: Provide results of the assessment using suitable tables, charts. Explain in detailed the findings. Detailed calculation may be provided in appendixes.

7. RECOMMENDATION (12 marks)

- 7.1. Management System Compliance.
- 7.2. Method Compliance.
 - 7.2.1. Engineering Control.
 - 7.2.2. Administrative Control.
 - 7.2.3. Usage of Personal.
- 7.3. Review program.

8. REFERENCES (3 marks)

9. APPENDIXES (5 marks)

9.1. Process Flowchart.

9.2. Musculoskeletal Survey Form.

9.3. Ergonomics Risk Factors Assessment Form and Calculation.

C. VERIFICATION OF WORKPLACE ASSIGNMENT

Kindly fill out the Workplace Assignment Declaration Form (Appendix 2) and attached together (1st page) with the Workplace Assignment. Company official stamp is compulsory.

D. SUBMISSION OF WORKPLACE ASSIGNMENT

1. The completed Workplace Assignment (WPA) must attached with the Workplace Assignment Declaration Form (Appendix 2) and **need to be upload online at <https://myexam.niosh.net.my/> before the deadline (4 weeks after course completion).**
2. **REMINDER:** All late submission will not be entertained.

Report of Advanced Ergonomics Risk Assessment

at

A Manufacturing Company
(Font size 22)

Location

(Factory/workplace Name, registration number & Full Address)

By

Name : Mr John Doe
(MyKad No : 123456-67-8910)
(Font size 16)

Ergonomics Train Person for Advanced Ergonomics Risk Assessment Examination
Paper 2: Workplace Assignment
(Font size 12)

BORANG PERAKUAN TUGASAN TEMPAT KERJA
WORKPLACE ASSIGNMENT DECLARATION FORM

Adalah saya dengan ini mengaku bahawa Tugas Tempat Kerja ini yang disediakan untuk **Peperiksaan Untuk Orang Terlatih Ergonomik Bagi Penaksiran Risiko Ergonomik Lanjutan** 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 Pembangunan Modul dan Peperiksaan – Kesihatan Pekerjaan di bawah Jawatankuasa Peperiksaan NIOSH berhak membatalkan Tugas Tempat Kerja ini.

I hereby certify that this Workplace Assignment prepared for the Ergonomics Trained Person For Advanced Ergonomics Risk Assessment Examination is based on my original work and information's are gathered from the site visit except for citation and quotation made.

If the information stated is not true, the Module Development and Examination Committee – Occupational Health under NIOSH Examination Committee reserves the rights to cancel 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