

Workplace Safety and Health Officer Application

Professional Work Review Write-up

There are a total of seven sections in this assessment form.

It may take you around 2 hours to give a comprehensive submission.

Please complete the template, sign, scan (**200dpi resolution and greyscale**) and save it in PDF format for submission.

(DO NOT attach/insert any photographs or pictures.

Do not amend or modify the fields/table format. Indicate requested details only)

SECTION A: PERSONAL INFORMATION & EMPLOYMENT DETAILS

Name		NRIC/FIN	
Company Name			
Industry Type			
Nature of business			
Designation			
Employment period			

~ Do not amend or modify the fields/table format. Indicate requested details only

SECTION B: ACADEMIC QUALIFICATION (NON-WSH RELATED)

Highest (Non-WSH) Academic Qualification	
Name of Awarding Institution	
Country of Awarding Institution	
Year of Completion	

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SECTION C: APPROVED QUALIFICATION FOR WSH Officer Registration

<u>Qualification</u> (do not add any other qualification to this list)	<u>Year of Completion</u>	<u>Tick at least one option</u>
Specialist Diploma in WSH, awarded by SkillsFuture Singapore		
Master of Science in Safety, Health and Environment Technology, awarded by the National University of Singapore		
Bachelor of Environment Occupational Health and Safety, awarded by the University of Newcastle (Australia)		
Bachelor of Science in Human Factors in Safety, awarded by the Singapore University of Social Science (formerly SIM University)		
Bachelor of Science (Health, Safety and Environment), awarded by the Curtin University of Technology (Singapore Campus)		
Bachelor of Science (Hons) Safety, Health and Environmental Management, awarded by Leeds Beckett University (Singapore Campus), from September 2015		

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SECTION D: OTHER WSH QUALIFICATIONS

<u>Qualification</u>	<u>Awarding Institution</u>	<u>Year of Completion</u>
Advanced Certificate in Workplace Safety and Health		
Safety Coordinator Training Course		
Develop a Risk Management Implementation Plan (bizSAFE Level 2) Course / Risk Management Course		
Develop a WSH Management System Implementation Plan (bizSAFE Level 4) Course		

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SECTION E: DEMONSTRATION OF WSH EXPERIENCE

You may need around 60 minutes to complete this Section. Each response should be limited to 500 words or less.

- (i) Please describe the WSH legislative requirements that are most relevant to your field of work and how they have been complied with in your workplace.

[You should demonstrate your knowledge of WSH legislative requirements relevant to your field of work by citing examples of WSH regulations and how they are applied.]

(a) WSH Act

- Cite a Section No. of the WSH Act (e.g. Section No. 12) that is relevant to your area of work and describe what that law requires.
- Give an **on-site** application on how your workplace complies with this Section of the Act.
(Do not copy and paste the legislation)
 - Section No.:
 - Explain what the selected Section No. relates to (in your own words):

 - Describe application (in bullet points):
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(b) WSH (Risk Management) Regulations

- Cite a Risk Management Regulation (e.g. Regulation No. 3(1)) that is relevant to your area of work and describe what the legislation requires.
- Give an **on-site** application on how your workplace complies with this Regulation.
(Do not copy and paste the legislation)
- Regulation No.:
- Explain what the selected Regulation No. relates to (in your own words):

➤ Describe application (in bullet points):

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(c) WSH (Incident Reporting) Regulations

➤ Cite an Incident Reporting Regulation (e.g. Regulation No. 4(1)) and describe what it requires.

➤ Give an **on-site** application on how your workplace complies with this Regulation.

(Do not copy and paste the legislation)

➤ Regulation No.:

➤ Explain what the selected Regulation No. relates to (in your own words):

➤ Describe application (in bullet points):

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(d) WSH (General Provisions) Regulations

➤ Cite a General Provisions Regulation (e.g. Regulation No. 23(1)) and describe what it requires.

➤ Give an **on-site** application on how your workplace complies with this Regulation.

(Do not copy and paste the legislation)

➤ Regulation No.:

➤ Explain what the selected Regulation No. relates to (in your own words):

➤ Describe application (in bullet points):

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(e) Any other WSH legislation of your choice [excluding (a) to (d)] (**indicate title**):

➤ Cite any Regulation (state regulation number) and describe what it requires.

➤ Give an **on-site** application on how your workplace complies with this Regulation.

(Do not copy and paste the legislation)

➤ Regulation No.:

➤ Explain what the selected Regulation No. relates to (in your own words):

➤ Describe application (in bullet points):

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(f) Any other WSH legislation of your choice [excluding (a) to (e)] (**indicate title**):

➤ Cite any Regulation (state regulation number) and describe what it requires.

➤ Give an **on-site** application on how your workplace complies with this Regulation.

(Do not copy and paste the legislation)

➤ Regulation No.:

➤ Explain what the selected Regulation No. relates to (in your own words):

➤ Describe application (in bullet points):

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(ii) Please describe one WSH workplace hazard which you had identified and addressed.

[You should demonstrate your practical experience in applying risk management concepts, risk assessment process, risk matrix, and hierarchy of controls with examples.]

(a) Title of workplace hazard identified at your workplace:

(b) Type of risk matrix used (please specify 3 by 3; 5 by 5; or others):

(c) Evaluation of **initial** risk assessment using risk matrix (**before** hierarchy of control): Severity X Likelihood:
(To show calculation and indicate level of the risk)

(d) Application of Hierarchy of Control:

- Elimination (in bullet points below the heading)
 - ❖
 - ❖
- Substitution (in bullet points below the heading)
 - ❖
 - ❖
- Engineering Control (in bullet points below the heading)
 - ❖
 - ❖
- Administrative Control (in bullet points below the heading)
 - ❖
 - ❖
- Personal Protective Equipment [PPE] (in bullet points below the heading)
 - ❖
 - ❖

(e) Evaluation of **final** risk assessment using risk matrix (**after** hierarchy of control): Severity X Likelihood:
 (To show calculation and indicate level of the risk)

(f) Follow-up action (indicate the list of actions taken in bullet points):

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(iii) Please describe one workplace accident/incident you have encountered and how you identified and addressed the root cause of the accident/incident.

[You should demonstrate your practical experience in accident/incident investigation and your role in the investigation team, including explanations of the investigation methodology used and outcomes derived from the investigation.]

(a) Title of incident/accident (e.g. hit by falling object):

(b) Description of incident/accident:

- Date:
- Time:
- Location:
- Summary of the incident/accident (in bullet points):
 - ❖
 - ❖
 - ❖

- ❖
- Actions taken to preserve the scene of incident/accident (in bullet points):

- ❖
- ❖
- ❖
- ❖

(c) Title of Methodology used to identify root cause:

(d) Show diagram:

(e) Explain how the diagram was used to identify the root cause (in your own words):

(f) Root cause(s) identified (in bullet points):

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(g) Immediate Corrective and Preventive actions taken (in bullet points):

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(h) Follow-up action to prevent future occurrence (in bullet points):

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(iv) Please describe your experience in setting up and implementing a WSH Management System (WSHMS) including the challenges faced and how you overcame the challenges.

[You should demonstrate practical experience and understanding in developing or implementing a WSH Management System.]

a) Title of **WSHMS**:

b) List down all the **Elements** in the WSHMS stated in (a) (indicate the list in bullet points):

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c) Choose **3 elements** from (b) that is currently used in your company and describe the details below:

i. **Element 1** [physical/practical type that requires on-site involvement]

➤ Element Title:

➤ What are the challenges encountered (indicate the list of challenges in bullet points)?

- ❖
- ❖
- ❖
- ❖
- ❖

➤ What are the solutions you have taken to overcome the challenges (indicate the list of solutions in bullet points)?

- ❖
- ❖
- ❖
- ❖
- ❖

ii. **Element 2** [physical/practical type that requires on-site involvement]

➤ Element Title:

➤ What are the challenges encountered (indicate the list of challenges in bullet points)?

- ❖
- ❖
- ❖
- ❖
- ❖

➤ What are the solutions you have taken to overcome the challenges (indicate the list of solutions in bullet points)?

- ❖
- ❖
- ❖
- ❖
- ❖

iii. **Element 3** [administrative/paperwork type]

➤ Element Title:

➤ What are the challenges encountered (indicate the list of challenges in bullet points)?

- ❖
- ❖
- ❖
- ❖
- ❖

➤ What are the solutions you have taken to overcome the challenges (indicate the list of solutions in bullet points)?

- ❖
- ❖
- ❖
- ❖
- ❖

SECTION F: WSH EXPERIENCE RELEVANT TO WORK TO BE PERFORMED BY A WSHO

Please complete the following table as accurately as possible.

A	B	C	D	E	F	G
Date of Employment ¹	Company	Designation and Contract Title (if applicable)	Job scope ²	Duration of Employment ³	Extent of WSH Contribution ⁴	Months of WSH Contribution [(F/100) X E]
<i>Example:</i> 1/1/2008 To 31/12/2008	AAA (S) PTE LTD	Clerk of Works cum WSH Coordinator Condominium Project at Lorong BBBB	<u>WSH Roles</u> 1) Site Inspection 2) Accident Investigation 3) Safety Committee Member 4) Toolbox Meeting 5) ETC <u>Non-WSH Roles</u> 1) Assist Project Manager to monitor work progress 2) ETC	12 months	50%	(50/100) x 12 = 6 months
Total Employment Duration					_____ months	
Total Duration of WSH Experience					_____ months	

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¹ Please indicate start and end date of employment.

² Please highlight your job responsibilities for each appointment (both WSH and non-WSH) in point form.

³ Please indicate the total duration of employment by number of months.

⁴ Please estimate the percentage of time spent in each appointment on WSH related issues only.

SECTION G: DECLARATION

I, _____ holder of _____ (NRIC/FIN/Work Pass No.) hereby declare that the information contained in this professional review write-up is true and correct to the best of my knowledge. I am also aware that:

- a) my application will be rejected if my application is incomplete and/or if there are missing supporting documents including the work review write-up.
- b) my application will be rejected if any information provided was misrepresented, and that legal actions may be taken against me if I had knowingly provided any false information.
- c) I have to fulfil the terms and conditions of the application (as stated on MOM website).
- d) my application will be evaluated by the Commissioner for Workplace Safety and Health based on the required qualifications, work experience (verified through employer testimonial) and the quality of the work review write-up submitted herein.

Name

Signature

Date