**Workplace Safety and Health Officer Application**

**Professional Work Review Write-up Form**

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

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| **SECTION A: PERSONAL INFORMATION & EMPLOYMENT DETAILS** |
| Name |  | NRIC/FIN |  |
| Job Title |  |
| Employment period |  |
| Company Name |  |
| Industry Type |  |
| Nature of business (in brief) |  |

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

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| **SECTION B: ACADEMIC QUALIFICATION (NON-WSH RELATED)** |
| Highest Academic Qualification (**Non-WSH**) |  |
| Name of Awarding Institution |  |
| Country of Awarding Institution |  |
| Year of Completion |  |

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

~ Do not enter WSH related qualification including WSH Level B and C here

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| **SECTION C: APPROVED QUALIFICATION FOR WSH Officer Registration** |
| **Qualification** To qualify for this application, you **MUST** possess at least 1 of the below qualifications) | **Year of Completion** | **Tick at least one option** |
| 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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| ~ Do not amend or modify the fields/table format. Indicate requested details only~ Do not add any other qualification to this list |
| **SECTION D: OTHER WSH QUALIFICATIONS** |
| **Qualification** | **Awarding Institution** | **Year of Completion** |
| 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 |  |  |

~ Do not amend or modify the fields/table format. Indicate requested details only (leave it blank if not available)

~ Do not add any other qualification to this list

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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.* |
| 1. 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.:
* Explain your understanding of this Section No. (Do not copy and paste the legislation):
* Describe **on-site** application at the workplace in the table below (***add more rows if required***):

|  |  |  |
| --- | --- | --- |
| S/N | WSH requirement relevant to the section cited under WSH Act | Describe how you applied at your workplace |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

 |
| (b) **WSH (Risk Management) Regulations*** Cite a Regulation No.:
* Explain your understanding of this Regulation No. (Do not copy and paste the legislation):
* Describe **on-site** application at the workplace in the table below (***add more rows if required***):

|  |  |  |
| --- | --- | --- |
| S/N | WSH requirement relevant to the regulation cited under WSH (Risk Management) Regulations | Describe how you applied at your workplace |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

 |
| (c) **WSH (Incident Reporting) Regulations*** Cite a Regulation No.:
* Explain your understanding of this Regulation No. (Do not copy and paste the legislation):
* Describe **on-site** application at the workplace in the table below (***add more rows if required***):

|  |  |  |
| --- | --- | --- |
| S/N | WSH requirement relevant to the regulation cited under WSH (Incident Reporting) Regulations | Describe how you applied at your workplace |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

 |
| (d) **WSH (General Provisions) Regulations*** Cite a Regulation No.:
* Explain your understanding of this Regulation No. (Do not copy and paste the legislation):
* Describe **on-site** application at the workplace in the table below (***add more rows if required***):

|  |  |  |
| --- | --- | --- |
| S/N | WSH requirement relevant to the regulation cited under WSH (General Provisions) Regulations | Describe how you applied at your workplace |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

 |
| (e) Any other WSH legislation of your choice [excluding (a) to (d)] **Indicate title**: * Cite a Regulation No.:
* Explain your understanding of this Regulation No. (Do not copy and paste the legislation):
* Describe **on-site** application at the workplace in the table below (***add more rows if required***):

|  |  |  |
| --- | --- | --- |
| S/N | WSH requirement relevant to the regulation cited under (e) | Describe how you applied at your workplace |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

 |
| (f) Any other WSH legislation of your choice [excluding (a) to (e)]**Indicate title**: * Cite a Regulation No.:
* Explain your understanding of this Regulation No. (Do not copy and paste the legislation):
* Describe **on-site** application at the workplace in the table below (***add more rows if required***):

|  |  |  |
| --- | --- | --- |
| S/N | WSH requirement relevant to the regulation cited under (f) | Describe how you applied at your workplace |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
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 |
| 1. 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.]* |
| 1. Title of workplace hazard identified at your workplace

**Indicate title:**1. Type of risk matrix used (e.g 3 X 3; 5 X 5; or others):
2. Evaluation of **initial** risk assessment using risk matrix (**before** hierarchy of control): Severity X Likelihood:

(To show calculation and indicate level of the risk)1. Application of Hierarchy of Control:

|  |  |
| --- | --- |
| **Title** | **Description** (in bullet points) |
| Elimination |  |
| Substitution |  |
| Engineering Control |  |
| Administrative Control |  |
| Personal Protective Equipment [PPE] |  |

1. Evaluation of **final** risk assessment using risk matrix (**after** hierarchy of control): Severity X Likelihood:

(To show calculation and indicate level of the risk)1. Follow-up action (indicate the list of actions taken in bullet points):
 |
| 1. 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.]* |
| 1. Title of incident/accident (e.g. hit by falling object)

**Indicate title**: 1. 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):
1. Title of Methodology used to identify root cause

**Indicate Title**: 1. Show diagram:
2. Explain how the diagram was used to identify the root cause (in your own words):
3. Root cause(s) identified (in bullet points):
4. Immediate Corrective and Preventive actions taken (in bullet points):
5. Follow-up action to prevent future occurrence (in bullet points):
 |
| 1. 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.]*  |
| 1. Type of **WSHMS** used at your workplace

**Indicate Title**: 1. List down all the **Elements** in the WSHMS stated in (a) (indicate the list in bullet points):
2. Choose **3 elements** from (b) that is currently used in your company and describe the details below:
	1. **Element 1** [physical/practical type that requires on-site involvement]

|  |  |
| --- | --- |
| **Element 1** |  |
| S/N | Challenges encountered | Solutions implemented |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

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

|  |  |
| --- | --- |
| **Element 2** |  |
| S/N | Challenges encountered | Solutions implemented |
| 1 |  |  |
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| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

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

|  |  |
| --- | --- |
| **Element 3** |  |
| S/N | Challenges encountered | Solutions implemented |
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| **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]](#footnote-1)****(Start & End date)** | **Company** | **Job / Contract Title** (if applicable) | **Job scope[[2]](#footnote-2)** | **Duration of Employment[[3]](#footnote-3)****(in months)** | **Extent of WSH Contribution[[4]](#footnote-4)****(in percentage)** | **Months of WSH Contribution**[(F/100) X E] |
| ***Example:****1/1/2008 (****start****)**To**31/12/2008 (****end****)* | *AAA (S) PTE LTD* | *Clerk of Works cum WSH Coordinator**Condominium Project at Lorong BBBB* | ***WSH Roles***1. *Site Inspection*
2. *Accident Investigation*
3. *Safety Committee Member*
4. *Toolbox Meeting*
5. *ETC*

***Non-WSH Roles***1. *Assist Project Manager to monitor work progress*
2. *ETC*
 | *12 months* | *50%* | *(50/100) x 12**= 6 months* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Employment Duration (Column E)**  | **\_\_\_\_\_\_\_\_\_\_ months** |
| **Total Duration of WSH Experience (Column G)**  | **\_\_\_\_\_\_\_\_\_\_ months** |

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

\* Employment title and duration **MUST** tally with the employment/appointment document.

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| **SECTION G: Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Name** **as in NRIC/FIN**) holder of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**NRIC/FIN 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** |

1. Please indicate **start and end date** of employment. [↑](#footnote-ref-1)
2. Please highlight your job responsibilities for each appointment (**both WSH and non-WSH**) in point form. [↑](#footnote-ref-2)
3. Please indicate the total duration of employment by number of **months**. [↑](#footnote-ref-3)
4. Please estimate the percentage of time spent in each appointment on **WSH related issues only**. [↑](#footnote-ref-4)