

**NOMINATION FORM**

# The 4th ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award 2022

**Singapore**

**COMPANY PROFILE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** |  | | |
| Sector of Business |  | | |
| Number of Workers | 1. Male |  | |
| 1. Female |  | |
| **Total** |  | |
| Address |  | | |
| Contact Person | 1. Name | |  |
| 1. Designation in the Company | |  |
| 1. Phone Number | |  |
| 1. Email | |  |

1. **Detail Information on Implemented HIV-AIDS Programs[[1]](#footnote-1):**

# HIV-AIDS Awareness Programs for Workers

|  |  |  |
| --- | --- | --- |
| **Type of**  **Activities/Program** | **Number of**  **Participant (Program Coverage)** | **Remarks** |
| ***(Examples: Talk Shows HIV-AIDS Issues on World Aids Days)*** | ***(Examples :100 Participant)*** | ***Document support for activities are:***  ***-Photos (attached)***  ***-Media coverage (attached)*** |
|  |  |  |

# Training/Capacity Building

|  |  |  |
| --- | --- | --- |
| **Type of**  **Activities/Program** | **Number of**  **Participant (Program Coverage)** | **Remarks** |
| ***(Examples: Training of Trainer***  ***HIV-AIDS at Workplace)*** | ***(Examples :20 Participant)*** | ***Document support for activities are:***  ***- Photos (attached)***  ***- Certificates (attached)***  ***- Media Coverage (attached)*** |
|  |  |  |

# Voluntary Counselling and Testing (VCT) and HIV Care, Support and Treatment (CST) Program

|  |  |  |
| --- | --- | --- |
| **Type of**  **Activities/Program** | **Number of**  **Participant (Program Coverage)** | **Remarks** |
| ***(Examples:*** *provide counsellor &*  *VCT Clinic, referral system to VCT*  *& CST service centre, mobile VCT****)*** | ***(Examples :20 Participant)*** | ***Document support for activities are:***  ***-Photos (attached)***  ***-Attendant list (attached)***  ***-Certificates (attached)*** |
|  |  |  |

# Provide Information Education and Communication (IEC) Materials

|  |  |  |
| --- | --- | --- |
| **Type of**  **Activities/Program** | **Number of**  **Participant (Program Coverage)** | **Remarks** |
| ***(Examples: created Leaflet,***  ***Sticker, Poster)*** | ***(Examples: Distributed 100 copy IEC with coverage area 2 branch company)*** | ***Document support for activities are:***  ***-Photos of Leaflet, Poster, Sticker.*** |
|  |  |  |

# Corporate Social Responsibility (CSR) Program on HIV-AIDS

|  |  |  |
| --- | --- | --- |
| **Type of**  **Activities/Program** | **Number of**  **Participant (Program Coverage)** | **Remarks** |
| ***(Examples:*** *Socialization HIV-*  *AIDS at School by workers)* | ***(Examples :20 Participant)*** | ***Document support for activities are:***  ***-Photos (attached)***  ***-Media coverage (attached)*** |
|  |  |  |

# Programme Management: Administration, Reporting systems, and Evaluation

|  |  |  |
| --- | --- | --- |
| **Type of**  **Activities/Program** | **Number of**  **Participant (Program Coverage)** | **Remarks** |
| ***(Examples:*** *Created Knowledge,*  *Attitude, and Practice HIV-AIDS*  *Surveys regularly****)*** | ***(Examples :100 Participant)*** | ***Document support for activities are:***  ***-Document Survey (attached)***  ***-Results of Surveys (attached)***  ***- Photos (attached)*** |
|  |  |  |

**C. Please attached the documents as follows[[2]](#footnote-2):**

1. The Company policy and program on HIV-AIDS.
2. Organizational structure of implementers on OSH and HIV-AIDS program. (Ex. Committees, groups, or unit assigned to implement the HIV and AIDS policy and program)
3. Photos of program/activities, activities’ attendant list, certificates received, IEC materials, video etc., related to the HIV-AIDS program.
4. Website link to the program.

**Malaysia Representative Nomination for 4th ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award 2022**

**OSH Compliance Audit**

|  |  |
| --- | --- |
| Name of workplace | : |
| Officer in Charge | : |

**Checklist For OSHWA Documentation Audit**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEMS | RESULTS | | | |  | NOTES |
| **A. POLICY** |  | | | |  | |
| 1. Workplace Safety and Health Policy  (If NO, marked Item A(2) to be marked as as NO;  If N/A, marked item A(2) to be marked as N/A) | Yes | | No | | N/A |  |
| 2. Worker’s involvement / Understandings | Yes | | No | | N/A |  |
| **B. OSH ORGANIZING** |  | | | |  | |
| 1. OSH responsibility is clearly mentioned to all workers. | Yes | | No | | N/A |  |
| 2. Safety and Health Officers  (If YES or NO, B(4) to be marked as N/A) | Yes | | No | | N/A |  |
| 3. Establishment of Safety and Health Committee  (If YES, item 5(a-d) to be marked as N/A;  If NO, item 3 (a-d) to be marked as NO and item B (5) (a-d) to be marked as N/A;  If N/A, item 3(a-d) to be marked as N/A) | Yes | | No | | N/A |  |
| a) Membership | Yes | | No | | N/A |  |
| b) Periodical meetings | Yes | | No | | N/A |  |
| c) Workplace inspection by SHC | Yes | | No | | N/A |  |
| d) Investigation on accident, occupational disease, dangerous occurrence, occupational poisoning, near-miss accident by SHC. | Yes | | No | | N/A |  |
| 4. Officers in-Charge | Yes | | No | | N/A |  |
| 5. Safety and Health Team | Yes | | No | | N/A |  |
| a) Membership | Yes | | No | | N/A |  |
| b) Meeting / Discussion | Yes | | No | | N/A |  |
| c) Workplace inspection | Yes | | No | | N/A |  |
| d) Investigation on accident, occupational disease, dangerous occurrence, occupational poisoning, near-miss accident. | Yes | | No | | N/A |  |
| **C. TRAINING** | | | | | | |
| 1. Planning | Yes | No | | N/A | |  |
| 2. Implementation |  |  | |  | |  |
| a) Induction | Yes | No | | N/A | |  |
| b) On-Job Training | Yes | No | | N/A | |  |
| c) ERP | Yes | No | | N/A | |  |
| d) Handling of hazardous chemicals | Yes | No | | N/A | |  |
| e) Management of noise exposure | Yes | No | | N/A | |  |
| f) Training for contractors, visitors and person others than workers | Yes | No | | N/A | |  |
| 3. Refresher Training | Yes | No | | N/A | |  |
| 4. Evaluation | Yes | No | | N/A | |  |
| **D. RECORD-KEEPING** | | | | | | |
| 1. Risk Assessment | Yes | No | | N/A | |  |
| 2. Hazardous chemicals |  |  | |  | |  |
| a) Hazardous chemicals registry | Yes | No | | N/A | |  |
| b) Chemical Health Risk Assessment (CHRA) | Yes | No | | N/A | |  |
| c) Chemical exposures Monitoring | Yes | No | | N/A | |  |
| d) Engineering control | Yes | No | | N/A | |  |
| e) Medical Surveillance | Yes | No | | N/A | |  |
| f) Safety Data Sheets (SDS) | Yes | No | | N/A | |  |
| 3. Management of noise exposure |  |  | |  | |  |
| a) Noise monitoring report | Yes | No | | N/A | |  |
| b) Audiometric Test Program | Yes | No | | N/A | |  |
| 4. Management of machineries/plant |  |  | |  | |  |
| a) Maintenance | Yes | No | | N/A | |  |
| b) Certificate of Fitness | Yes | No | | N/A | |  |
| c) Competent Person (OYK) |  |  | |  | |  |
| i) Steam Engineer | Yes | No | | N/A | |  |
| ii) Engine Driver (Boilerman) / IPD | Yes | No | | N/A | |  |
| iii) Crane operator | Yes | No | | N/A | |  |
| iv) Scaffolder | Yes | No | | N/A | |  |
| 5. Emergency Response Plan (ERP) |  |  | |  | |  |
| a) Procedure (ERP) | Yes | No | | N/A | |  |
| b) Emergency route plan | Yes | No | | N/A | |  |
| c) Emergency Respond Team (ERT) | Yes | No | | N/A | |  |
| d) List of emergency contact | Yes | No | | N/A | |  |
| e) Fire Certificate (BOMBA) | Yes | No | | N/A | |  |
| 6. Contractor Management |  |  | |  | |  |
| a) OSH integrated in agreement contract | Yes | No | | N/A | |  |
| b) Contractor monitoring | Yes | No | | N/A | |  |
| 7. NADOPOD |  |  | |  | |  |
| a) JKKP 6 / JKKP 7 | Yes | No | | N/A | |  |
| b) JKKP 8 | Yes | No | | N/A | |  |
| 8. Management of personal protective equipment (PPE) |  |  | |  | |  |
| a) PPE Records | Yes | No | | N/A | |  |

**Checklist for OSHWA Physical Audits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEMS | RESULTS | |  | NOTES |
| **A. HAZARDOUS CHEMICALS** |  | |  | |
| 1. Labelling | Yes | No | N/A |  |
| 2. Risk control | Yes | No | N/A |  |
| 3. Warning sign | Yes | No | N/A |  |
| 4.Storage | Yes | No | N/A |  |
| 5. Safety Data Sheet (SDS) | Yes | No | N/A |  |
| **B. NOISE MANAGEMENT** |  | |  | |
| 1. Risk control | Yes | No | N/A |  |
| 2. Warning sign | Yes | No | N/A |  |
| **C. ERGONOMIC** |  | |  | |
| 1. Employer identifies ergonomic problems | Yes | No | N/A |  |
| 2. Control steps | Yes | No | N/A |  |
| **D. WORKPLACE EVALUATION** |  | |  | |
| 1. Exit route signage and emergency lighting | Yes | No | N/A |  |
| 2. Clear and unobstructed walkway | Yes | No | N/A |  |
| 3. Neatly arrange goods and materials | Yes | No | N/A |  |
| 4. Verification of working / load platform safety | Yes | No | N/A |  |
| 5. Work area markings | Yes | No | N/A |  |
| 6. Stairways, floor and platform in good condition | Yes | No | N/A |  |
| 7. Fenced open edges. | Yes | No | N/A |  |
| 8. Hole and floor opening properly closed / fenced. | Yes | No | N/A |  |
| 9. Workplace cleanliness | Yes | No | N/A |  |
| 10. Risk control for working at height more than 10 meters. | Yes | No | N/A |  |
| 11. Risk control in aspect of workplace environment | Yes | No | N/A |  |
| **E. PLANT AND MACHINE MANAGEMENT** | | | | |
| 1. Risk control | Yes | No | N/A |  |
| 2. Safety operation procedure (SOP) | Yes | No | N/A |  |
| 3. Certified machineries registration number | Yes | No | N/A |  |
| 4. Warning sign. | Yes | No | N/A |  |
| 5. Electrical safety | Yes | No | N/A |  |
| **F. WELFARE** | | | | |
| 1. Washroom | Yes | No | N/A |  |
| 2. Resting place /area (prayer room) | Yes | No | N/A |  |
| 3. Providing clean drinking water | Yes | No | N/A |  |
| 4. Social and recreation facility | Yes | No | NA/ |  |
| **G. EMERGENCY RESPONSE PLAN (ERP)** | | | | |
| 1. First aid Box | Yes | No | N/A |  |
| 2. Fire extinguishers. | Yes | No | NA |  |
| 3. Assembly areas. | Yes | No | N/A |  |

**Checklist for OSHWA Audit 5P (SPKKP)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEMS | RESULTS | | | NOTES |
| **A. PREPARATION** |  | | | |
| 1. OSH Policy | Yes | No |  |  |
| 2. OSH Objectives | Yes | No |  |
| 3. Hazards identification method | Yes | No |  |
| 4. Risk assessment method | Yes | No |  |
| 5. Risk control method | Yes | No |  |
| **B. PLANNING** |  | | | |
| 1. Strategy / Program / Activity | Yes | No |  |  |
| 2. Prevention | Yes | No |  |
| 3. Preparedness | Yes | No |  |
| 4. Response | Yes | No |  |
| 5. Recovery | Yes | No |  |
| **C. IMPLEMENTATION** |  | | | |
| 1. Communication | Yes | No |  |  |
| 2. Action Plan | Yes | No |  |
| 3. Training | Yes | No |  |
| **D. MONITORING** |  | | | |
| 1. Proactive Monitoring | Yes | No |  |  |
| 2. Occupational accidents/Occupational disease Investigation | Yes | No | N/A |  |
| 3. Reactive Monitoring | Yes | No | N/A |  |
| 4. Audit | Yes | No |  |  |
| **E. IMPROVEMENT** |  | | | |
| 1. Preventive measures | Yes | No |  |  |
| 2. Corrective measures | Yes | No | N/A |  |

Assessed by (full name) :

Signature and official stamp :

Date :

1. Please fill in as applicable [↑](#footnote-ref-1)
2. Please provide as applicable [↑](#footnote-ref-2)