

**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)