

UNIVERSITI TUN HUSSEIN ONN MALAYSIA

FINAL EXAMINATION **SEMESTER II SESSION 2014/2015**

COURSE NAME

: OCCUPATIONAL SAFETY AND

HEALTH

COURSE CODE

: BNJ 21102

PROGRAMME

2 BNM / 1BNL

EXAMINATION DATE : JUNE 2015 / JULY 2015

DURATION

: 2 HOURS

INSTRUCTION

: ANSWER FOUR (4) QUESTIONS ONLY

THIS QUESTION PAPER CONSISTS OF **ELEVEN** (11) PAGES

CONFIDENTIAL

BNJ 21102

Q1 (a) List **THREE** (3) Factory Machinery Act regulation which related in wood based industries.

(9 marks)

(b) Based on OSHA Part IV Section 15(2), describes **THREE** (3) general duties of employers and self-employed persons to their employees.

(6 marks)

(c) Develop safety and health policies for electrical or mechanical engineering laboratory.

(10 marks)

Q2 (a) Determine the differences between hazard identification, risk assessment and risk control in table form.

(10 marks)

(b) Based on textile technology laboratory in UTHM, identify **THREE** (3) hazards and complete the **Table Q2** (b).

(15 marks)

Table Q2(b): HIRARC Form

HIRAR	HIRARC Form								APPENDIX C
				H	HIRARC FORM				
Premises:	••				A de constant de c				
Process /	Process / Location				(Name, designation)				
Approved by : (Position)	d by :				Date:(tofrom)				
Date					Conducted date :			Reviem date :	
		Haza	Hazard Identification		Risk Analysis			Risk (Risk Control
Bil	Activity	Activity Hazard	Effect / Cause	Risk control	Likelihood	Severity	Risk	Recommended Control	Due Date / Status
1									
2									
3									
4									
5									
9									

BNJ 21102

Q3 (a) There were numerous major industrial accidents that have contributed significantly to the evolution of occupational safety and health. Lesson learnt from those incidents have initiated more stringent precautionary and preventive measures. Determine the implication and contributing factors of each tragedy as listed in **Table** Q3 (a).

(10 marks)

Table Q3 (a): Major Industrial Accidents

No	Tragedy	Implications	Contributing Factors
1	Bhopal Tragedy		
2	Bright Sparkles		
3	Highland Tower		
4	Chernobyl Disasters		
5	Piper Alpha Tragedy		

· whit

BNJ 21102

(b) From electrical accident based on **Figure Q3(b)** please complete the **Table Q3(b)** HIRARC. (15 marks)

FINAL EXAM

SEMESTER/SESSION : SEMESTER II /2014/2015

: OCCUPATIONAL SAFETY SUBJECT

AND HEALTH

COURSE : 2BNM/1BNL SUBJECT CODE : BNJ 21102



Figure Q3(b): Hand injury

Table Q3 (b): HIRARC Form

Premises: Process / Location Approved by: (Position) Date Hazz			HIR			CONTRACTOR OF STREET		
by:				HIRARC FORM				
by:				Conducted by:				
by:				(Name, designation)				
Activity Haz				Date : (tofrom)				
Activity Haz				Conducted date:			Reviem date :	
Activity Haz								
Activity	Hazard Identification			Risk Analysis			Risk (Risk Control
•		Effect / Cause	Risk control	Likelihood	Severity	Risk	Recommended Control	Due Date / Status
1								
2								
m								
4								
22								
9								

BNJ 21102

Q4 (a) Explain FIVE (5) classification of hazard with an example each of the hazard.

(10 marks)

(b) Describe in detail the technique to reduce the occupational disease and occupational poisoning based on the DOSH reported data as tabulated in **Table Q4 (b)**.

Table Q4 (b). Total Number of Investigation Cases of Occupational Diseases and Poisoning from 2005 to 2009

No.	Types of Disease	2005	2006	2007	2008	2009
1	Occupational Lung disease (OLD)	51	38	50	56	57
2	Occupational Skin Disease (OSD)	57	30	192	70	53
3	Occupational Noise Hearing Loss (NIHL)	190	106	120	169	427

(15 marks)

BNJ 21102

Q5 (a) There has an accident which involves fatality case in a work place. One of the staff was doing welding process and suddenly the Argon tank exploded. Develop and discuss **THREE** (3) techniques to investigate.

(10 marks)

(b) In other department, the local exhaust ventilation was off because the fan was not functioning. Chemical content in the room has spread out to the whole room. One of your staff has collapse after inhaling Benzene. Analyze the case and fill the report forms JKKP 6 and JKKP 7.

(15 marks)

- END OF QUESTION -

JKKP 6 - REPORT FOR OCCUPATIONAL ACCIDENT/ DANGEROUS OCCURRENCE OCCUPATIONAL SAFETY AND HEALTH (NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) REGULATIONS 2004

Part A - Detail of Notifier Notifier - Regulation 5(1)&(2) Employer	Part B - Affected person (If more than one person please use separate form)
Name	Name
Designation Name & Address of Organisation	Date of Birth NRIC/Passport No. Nationality Occupation Name & Address of Organisation
R.O.C. No. JKKP Reg. No. Contact person (If different from above)	Location of incident
Contact No.	Date and time of incident Date of first informing DOSH
Industrial Classification Code (Table 3)	Date of first informing DOSFI
Please describe what happened before, during and after t	the incident.
Signature of Notifier Date	

Disclaimer

Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s).

JKKP 7 - REPORT FOR OCCUPATIONAL POISONING/OCCUPATIONAL DISEASE OCCUPATIONAL SAFETY AND HEALTH (NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) REGULATION 2004

Part A1	Part A2 Notifier - Regulation 7(2) Registered Medical Practitioner
Notifier - Regulation 7(1) Employer	Notifier - Regulation 7(2) Registered Medical Flactitioner
Name	Name
Decimation	Designation
Designation	Designation
Name & Address of Organisation	Address of Clinic/Hospital
Contact number	Contact number
Contact number	Contact names
R.O.C. No JKKP Reg. No. Industrial Classification Code (Table 3) Contact person (If different from above)	4
Part B - Affected Person	Part C - Occupational Poisoning/Disease
N	Diagnosis/Provisional Diagnosis
Name	
Date of Birth	Date of Diagnosis
NRIC/Passport No.	News & Address of Attending Doctor
Nationality Gender M / F	Name & Address of Attending Doctor
Occupation Name & Address of Organisation	
Name & Address of Organisation	
Location of incident	
Location of incident	
Part D Description of work that led to occupational poisoning/disease (Plehave led to them getting the disease. If the disease is thought to have chemical - please state what that agent is.)	ease describe any work done by the affected person which might we been caused by exposure to an agent at work, e.g. a specific
	•
Signature of Natifier	
Signature of Notifier Date	

Disclaimer

Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s).