



**Combined Martial Arts Association**

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Jln Karang Tengah Raya,  
Lebak Bulus, South Jakarta

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# **COMBINED MARTIAL ARTS ASSOCIATION (CMAA) HEALTH AND SAFETY POLICY AND PROCEDURES (OH&S PP)**

Prepared by:

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## Policy Statement

- 1.1 The Combined Martial Arts Association (CMAA) is committed to the maintenance of OH & S in the conduct of training and events conducted by the CMAA.
- 2.0 The Combined Martial Arts Association OH & S Policy is to be read in conjunction with the following Combined Martial Arts Association documentation and policies:
- CMAA Constitution and Bi Laws
  - CMAA Mission Statement
  - Code of Conduct
  - CMAA Equity Policy
  - CMAA Class Conduct and Management, Coaching Points and Physical Training Rules and Guidelines
  - CMAA Risk and Waiver/Indemnification Forms
  - CMAA Medical Information Declaration and Release Forms
  - CMAA Risk Management Policy

A handwritten signature in black ink, appearing to read 'Glen Gardiner', is positioned above the printed name.

**Glen Gardiner**  
**Chairman – Executive Leadership Team**  
**Combined Martial Arts Association**

26<sup>th</sup> December 2019

9<sup>th</sup> Dan, Cacoy Canete Doce Pares World Wide  
8<sup>th</sup> Dan Pangamot Cacoy Canete Doce Pares World Wide  
5<sup>th</sup> Dan World Eskrima Kali Arnis Federation  
Senior Instructor Black Eagle Arnis Eskrima  
4<sup>th</sup> Dan Zen Goshu Goshin Jutsu

4<sup>th</sup> Tan World Tae Kwon Do Federation  
1<sup>st</sup> Dan Australian Tae Kwon Do Federation  
1<sup>st</sup> Dan Keenan Karate  
A Class Military Unarmed Combat Instructor  
Australian Army - Retired

The following document is the OH & S Policy and Procedures document as per Indonesian Legislation provided by the Combined Martial Arts Association as an example for CMAA Clubs and affiliates globally.



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DAN KESELAMATAN KERJA

## **COMBINED MARTIAL ARTS ASSOCIATION**



**Last Update:  
April 18, 2006**

3<sup>rd</sup> floor, 9A karindo Plaza, Jln Karang Tengah Raya, Lebak Bulus, South Jakarta



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## DOCUMENT AMENDMENT MANAGEMENT POLICY

### GENERAL

- All members of the Combined Martial Arts Association are to read and fully comply with the guidelines and regulations outlined in this policy.
- All members of the Combined Martial Arts Association are to read and fully comply with the processes and procedures outlined within this document.

### AMENDMENT PROCEDURE

- No amendment will be made to this document without prior approval from the members of the Combined Martial Arts Association Executive Leadership Team.
- All amendment details will be executed and such amendment action registered in the amendment record register located on the first page of this document.
- All members of the Combined Martial Arts Association responsible for the maintenance and update of this document are to ensure that all documentation has been updated as per all changes made.

## AMENDMENT RECORD REGISTER

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## SECTION 1 - GENERAL

### 1.1. Health and Safety Policy

**1.1.1** The Combined Martial Arts Association (CMAA) is committed to providing and maintaining a healthy and safe training environment for all its members, and any other persons who may be affected by its activities as regulated in the Republic of Indonesia Manpower Act No. 1, 1970 and Manpower Act No. 13, 2003. The overall responsibility for ensuring implementation of this policy lies with the CMAA Executive Leadership Team.

**1.1.2** The CMAA recognizes that health and safety is an essential function during training, competition, and seminar or any other CMAA activity or function and continually strives to improve, update and adapt to maintain a safe training environment.

**1.1.3** The successful implementation of this policy requires the full support and active co-operation of all members of the CMAA. This statement applies to all premises and activities within the control of the Academy. In order to achieve this aim, the CMAA has the following key objectives:

- (1) To ensure the health and safety of all members whilst at the premises of the organization;
- (2) To provide adequate control of the health and safety risks arising from the activities conducted at the premises of the organization;
- (3) To prevent accidents and cases of ill-health;
- (4) To maintain a safe and healthy environment;
- (5) To monitor, review and revise this policy and its implementation as necessary at regular intervals to achieve the health and safety goals of the organization.

**1.1.4** In order to support its Policy, the CMAA will:

- (1) Develop, implement, maintain and improve the Health and Safety Policy and Procedures of the organization;
- (2) Specify Positive Performance Indicators, set objectives, regularly review performance and recognize excellence;
- (3) Maintain an incident reporting system that allows analysis of losses or potential losses and facilitate the dissemination of any recommendations to prevent recurrence of incidents in the organization;
- (4) Conduct regular audits and inspections of facilities and training sessions, and where applicable, other facilities not under the direct control of the Combined Martial Arts Association but utilized by them for specific activities or functions from time to time as necessary;
- (5) Consult with Combined Martial Arts Association members on matters affecting their health and safety;
- (6) Maintain clear procedures for action to be taken in the event of an emergency;
- (7) Identify hazards (the potential for harm), assess the risks (the likelihood of that harm being realized) and manage those risks; and
- (8) Ensure that identified members, and others are competent to conduct their specified tasks, are adequately informed of identified risks, and where appropriate, receive the relevant information, instruction, training and supervision required to maintain a safe and healthy training environment.

### 1.2. Management

#### 1.2.1. Combined Martial Arts Association Members and Executive Leadership Team Commitment

Members of the Executive Leadership Team, instructors/assistant instructors, other designated office bearers and or officials, persons empowered by the Executive Leadership Team of the Combined Martial Arts Association, and members at all levels of the organization are responsible for identifying and managing the risks associated with the health and safety of CMAA members, and the protection of the organization's tangible and intangible assets. In this case, the Executive Leadership Team:

- (1) Communicate and support Health and Safety Policy statements at every level within the organization;
- (2) Establish an effective organization and allocate sufficient resources to support and maintain the CMAA's Health and Safety Policy and Procedures.



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- (3) Clearly define, document, communicate and exercise Health and Safety responsibilities, authorities and accountabilities at all levels.
- (4) Demonstrate the commitment of the Executive Leadership Team through active and visible participation in the Health and Safety processes.
- (5) Establish clear goals, objectives, and targets for CMAA's Health and Safety Policy and Procedures, and use them to evaluate performance.
- (6) Review and make necessary corrections to the CMAA's Health and Safety Policy and Procedures.

### **1.2.2. Responsibility**

The overall and final responsibility for Health and Safety issues reside with the members of the CMAA's Executive Leadership Team. The day-to-day responsibility for ensuring this policy is put into practice is delegated to the appointed Safety Officer within the organization.

### **1.2.3 Procedures**

The Safety Officer is responsible for identifying risks and threats through the conduct of regular risk assessments within the CMMA training facilities or venues used by the organization for training, seminars, events, and or functions. The Safety Office is to report the findings to the Executive Leadership Team by using hazard Reporting Form HS-01.

These findings are to be discussed within 7 (seven) days after the findings have been presented to the Board. If immediate action is required the Safety Officer must conduct a Risk Assessment using the HS-02 Checklist promptly and eliminate the hazard if possible as recorded in Form HS-03.

### **1.2.4 Audit Records**

- Form HS-01: Hazard Report Form
- Form HS-02: Hazard Assessment Checklist
- Form HS-03: Hazard Identification, Risk Assessment & Risk Control



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## SECTION 2 – COMMUNICATION AND TRAINING

### 2.1. Communication

#### 2.1.1. Health and Safety Communication

In order to evaluate and manage risk, there must be an effective communications system to ensure relevant and up-to-date information is circulated throughout the CMMA organization. Health and Safety communication will be conducted by the following:

- (1) Effectively communicate Health and Safety Policy and Procedures throughout the Academy by displaying them on areas which are accessible to all members;
- (2) Implement a system that allows timely notification to members of newly identified hazards, risks, procedural changes or equipment changes initiated by audits, inspections, or incident investigations;
- (3) Ensure every member has access to Health and Safety information;
- (4) Ensure the documentation needed to maintain the safety is accessible and current;
- (5) Implement processes that encourage and permit effective communications on Health and Safety issues;
- (6) Members of Executive Leadership Team, Safety Officer and all Academy members are to hold regular meetings minimum of once every two months to identify and discuss Health and Safety issues, performance and improvement plans.

#### 2.1.2 Procedure

- (1) A list of health and safety information will be developed and maintained, and made available to members and visitors. This list will identify the type of information, its source, the means of distribution, and the frequency of updating (Refer to form HS-04).
- (2) Health and Safety Meetings will be held once every two months. Two monthly meetings will be used as a forum to consult with members about proposed changes to the environment, processes or practices that could have safety and health implications.
- (3) New issues raised at meetings are to be noted in the meeting minutes (refer to HS-05) and followed up by the Safety Officer.

#### 2.1.3 Responsibility

The responsibility for the execution of health and safety procedures is the Safety Officer who must report all activities, findings, and requirements to the Executive Leadership Team of CMAA.

#### 2.1.4 Audit Records

- Form HS-04: Health and Safety Information Distribution Log
- Form HS-05: Health and Safety Meeting Minutes Form

#### 2.1.5 Health and Safety Committee (HSC)

The following are the tasks of the Health and Safety Committee:

- (1) Assist in developing, monitoring and reviewing Health and Safety Policy and Procedures to implement a continuous improvement approach to health and safety;
- (2) Assist in developing systems to ensure consultation occurs on all issues relating to Health and Safety Policy and Procedures;
- (3) Consider any proposed changes to the environment that may affect the health and safety of members;
- (4) Review accident reports and follow up actions. Make recommendations as appropriate;
- (5) Examine health and safety inspection and audit reports and recommend actions where necessary;
- (6) Discuss reports and information supplied by Academy members, visitors and other external sources and recommend actions where necessary;
- (7) Consider and discuss reports by members and any outstanding health and safety issues. Recommend actions where appropriate;
- (8) Facilitate the development and conduct of training programs in health and safety and monitor effectiveness of training programs;
- (9) Ensure health and safety standards are considered when new equipment are purchased or new procedures developed;
- (10) Contribute to development of annual health and safety improvement plan;
- (11) Oversee the overall approach to health and safety at the Academy.



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### **2.1.6 HSC Members**

The Health and Safety Committee consists of all members of the Academy's Executive Leadership Team, Instructors, and all available members of the academy.

### **2.1.7 Roles of HSC Members**

#### **2.1.7.1 Chairperson**

- (1) Schedule meetings and inform members;
- (2) Prepare agenda and other documentation relevant to each meeting;
- (3) Invite Officer(s), presenter(s), etc;
- (4) Guide the meeting through the agenda;
- (5) Ensure all have an opportunity to speak;
- (6) Ensure the committee stays within its charter;
- (7) Review and approve minutes of meetings.

#### **2.1.7.2 Secretary**

- (1) Perform the role of Chairperson in his absence;
- (2) Keep committee records;
- (3) Report on the status of recommendations;
- (4) Prepare the minutes and distribute minutes;
- (5) Assist chairperson as required.

#### **2.1.7.3 Committee Member**

- (1) Attend meetings as scheduled;
- (2) Prepare for meetings by reading circulated material prior to meeting;
- (3) Consult with other members prior to any meeting and report results of the meeting back to members;
- (4) Communicate concerns, which may affect policies and procedures;
- (5) Set an example and promote Health and Safety;
- (6) Be interested and motivated to take an active role in the Health and Safety committee and in implementing actions in the area;
- (7) Participate in the development, implementation and monitoring of the Safety and Health Policy and Procedures;
- (8) Assess and monitor Health and Safety priorities;
- (9) Assist in resolving Health and Safety issues referred to the committee.

### **2.1.8 Safety Meetings**

The CMAA is to conduct two-monthly Health and Safety Meetings discussing all health and safety related issues. The Health and Safety Meetings will be held every first Tuesday for the months of February, April, June, August, October, and December.

Safety meetings will be attended by all members of the Executive Leadership Team, Safety Officer and other members of the CMAA HSC.

### **2.1.9 Action**

Any recommendation arising from the committee will be made by consensus of members.

### **2.1.10 Agenda**

A meeting agenda will be prepared by the chairperson and will be attached to the announcement board no later than one (1) week prior to the meeting. The agenda is based on form DH-06. It will list the matters to be discussed, members required to attend, and time and date of the meeting.

### **2.1.11 Meeting Minutes**

The Secretary will take minutes (Refer to HS-05) of each meeting. The Chairperson will sign the minutes. The Safety and Health Committee will determine a Secretary at the first meeting. The Safety officer will record and display the minutes of the Health and Safety information board within 72 (seventy two) hours after the meeting. The minutes will include the following details: meeting time,



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date and location of meeting, members present and absent, items discussed, what action is to be taken by what date and by whom.

#### **2.1.12 Responsibility**

The Safety Officer is responsible for the conduct of all ongoing requirements as identified in the HSC meetings.

#### **2.1.13 Audit Records**

An auditable record of all meetings will be maintained using Form HS-05: Health and Safety Meeting Minutes Form.

#### **2.1.14 Health and Safety Information Dissemination**

All Safety information will be disseminated to all members by posting the information on a Bulletin Board and by an Email Newsletter. The CMAA's Health and Safety Policy is displayed in the training facility issued by the appointed Safety Officer.

#### **2.1.15 Procedure**

- (1) A list of organizational safety and health information will be developed and maintained, and made available to members and visitors. This list will identify the type of information, its source, and the means of distribution and the frequency of update (Refer to form HS-04).
- (2) All new information and Safety Meeting minutes will be displayed on a Bulletin Board highlighting the frequency of update.

#### **2.1.16 Responsibility**

The Safety officer is responsible to undertake the maintenance of this procedure.

#### **2.1.17 Audit Records**

- Form HS-04: Health and Safety Information Distribution Log

### **2.2 Safety Induction Training**

Supervision of new members and visitors will be arranged/undertaken/monitored by the respective instructor controlling the training period and or activity. That person is responsible for ensuring that CMAA members and visitors at the training venue are safe and provided with relevant health and safety information.

#### **2.2.1 Purpose**

To set out the management processes for the briefing and induction of new members and visitors to CMAA facilities and or activities.

#### **2.2.2 Definitions**

The following definitions apply:

- (1) Instructor: A person suitably qualified, experienced, and who is approved by the Executive Leadership Team of the CMAA in the particular subject being taught.
- (2) Member: A person who has joined the CMAA to participate in classes and other activities.
- (3) Visitor: A person who is present at a CMAA facility or activity who is not a member of the CMAA to either observe CMAA activities or who wishes to participate on a one off basis in CMAA activities or training.
- (4) Guest: A person who has been invited to participate or observe CMAA activity by an Instructor or member of the Executive Leadership Team of the CMAA or who has been invited by a CMAA member who has previously obtained approval from an Instructor or the Executive Leadership Team of the CMAA.

#### **2.2.3 Procedures**

##### **2.2.3.1 New Members**



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A New-member health sheet (Refer to HS-06) is to be completed by new members prior to commencement of any martial arts training. The Safety Officer or assigned instructor is responsible for providing Safety Induction briefings and training to new members. A New-member health and safety sheet (Form HS-06) is to be completed and recorded in the members administration file.

#### **2.2.3.2 Members**

Members to include Instructors are to complete a training attendance register (Refer to HS-08) on every occasion that they attend training. This register is to be supervised by the Instructor for that period of training who is to initial the attendance records at the completion of each training period ensuring that all members who participated have been recorded.

#### **2.2.3.3 Visitors**

Visitors are to sign a "Visitor Log" (Refer to HS-09) at the site. Visitors are to be met by the attending Instructor and briefed as to the general safety requirements of the CMAA. Visitors are to be either accompanied on site by a member of the CMAA or monitored at all times. The Instructor on site is responsible for the visitors' safety whilst the visitor is at a CMAA facility.

#### **2.2.4 Responsibility**

The Safety officer is responsible to liaise with the Executive Leadership Team and the CMAA Instructors for the maintenance of all HS procedures.

#### **2.2.5 Audit Records**

- Form HS-06: New-member health sheet
- Form HS-08: Member Training Attendance Register
- Form HS-09: Visitor Log



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## SECTION 3 - ASPECT AND IMPACT MANAGEMENT

### 3.1. Risk Assessment

Risks can be minimized through hazard identification and consistent application of management strategies. Risk Management is to be conducted by:

- (1) Systematically identifying hazards and risks associated with the environment and the operations within the CMAA;
- (2) Quantify identified risks in terms of likelihood and consequence. Risks will be managed to acceptable levels through the application of design, preventive and protective measures;
- (3) Identify and communicate personal protective equipment (PPE) requirements to affected members, visitors, and guests. Suitable PPE must be available, and personnel appropriately trained who are required to use it;
- (4) Develop, implement and monitor hazard identification strategies to ensure they function effectively;
- (5) Develop and implement procedures to manage hazards and reduce risk to environmental exposures that cannot be eliminated;
- (6) Implement purchasing standards so the potential health and safety consequences of using equipment and materials are understood prior to them being introduced to use;
- (7) Implement, where appropriate, health-monitoring systems to ensure timely detection of health risk effects arising from environmental conditions;
- (8) Ensure regulatory compliance requirements are understood and monitored.

#### 3.1.1 Purpose

The objective of this procedure is to describe the process whereby the CMAA Executive Leadership Team and members of the CMAA how to conduct hazard inspections and take actions to prevent injuries/illnesses. The process involves inspection, communication, evaluation and review. A key feature of the process is to ensure Executive Leadership Team accountability and the commitment of all personnel to reduce or eliminate hazards.

#### 3.1.2 Procedure

- (1) Formal hazard inspections will be undertaken:
  - i. Weekly visual inspection of the location by the Safety Officer, Instructors and members.
  - ii. Special inspections by members of the Executive Leadership Team, if required.
- (2) All members will be provided with induction and refresher training in the process of "spot the hazard", "assess the risk" and "make the changes".
- (3) An inspection calendar will be prepared each year by the CMAA Safety and Health Committee. Completion of each inspection will be recorded on the calendar, which is to be maintained by the Safety officer. A copy of the calendar will be provided by the Safety officer to the Executive Leadership Team and Instructors regularly:
  - i. The Hazard Assessment Checklist (form HS-02) will be used for three monthly inspections.
  - ii. A copy of the reports of each completed Hazard inspection (including the Action plan) will be submitted by the Safety officer to the CMAA Safety and Health Committee.
  - iii. All members will have access to the Hazard inspection reports.
  - iv. The process will be reviewed annually by the CMAA Safety and Health Committee.

#### 3.1.3 Responsibility

The Safety officer is responsible for the conduct of this procedure.

#### 3.1.4 Audit Records

- Form HS-02: Hazard Assessment Checklist

### 3.2. Hazard Identification, Risk Assessment & Risk Control

#### 3.2.1 Purpose



These procedures describe the method by which all hazards will be identified, assessed for risks and appropriate control mechanisms put into place.

### 3.2.2 Definitions

*Hazard* is anything that has the potential to cause injury or illness (to members, visitors or members of the public) or damage to property. A hazard can be related to a physical state or a practice or procedure. A hazard can be introduced when implementing changes to existing arrangements.

*Hazard identification* is the process of identifying all situations or events that could give rise to the potential for injury, illness or damage to persons or property.

*Risk* means the likelihood of injury, illness or damage to persons or property arising from exposure to any hazard.

*Risk Assessment* is the process of determining the likelihood of an injury, illness or damage to persons or property.

*Hazard control* is the process of implementing measures to reduce the risk associated with a hazard. The control process must follow the control hierarchy, in order, as prescribed in some health and safety legislation. It is always important that any control measure does not introduce new hazards, and that on going effectiveness of the control is monitored.

*The Hierarchy of Control* is:

- (1) Elimination of the hazard.
- (2) Substitution e.g. of the equipment or substance.
- (3) Isolation e.g. distance or enclosure.
- (4) Engineering controls e.g. guarding.
- (5) Administrative controls e.g. supervision, training, written instructions, job rotation.

Personal protective equipment. Provision of protective equipment should always be the last control option considered. A combination of controls may be appropriate however the combination must be based on the control hierarchy.

### 3.2.3 Risk Assessment Team (RA-team)

An RA team consists of the CMAA Health and Safety Officer, the CMAA Executive Leadership Team and CMAA Instructors who undertake the risk assessment on identified hazards within the organization. Other persons with specialized skills may be included (if required).

#### 3.2.3.1 Procedures

- (1) The process of identification of hazards takes place through:
  - i. General hazard inspections and hazard inspection reports;
  - ii. Incident reports;
  - iii. Hazard report (verbal or written) from members;
  - iv. Health and Safety Committee.
- (2) Any proposal for purchase or modification of equipment or processes must be accompanied by a hazard identification and risk assessment;
- (3) Any potential hazard should be notified to the CMAA Safety and Health Officer through a Hazard Report (form HS-01). If the Safety officer can't remove the hazard immediately, a Hazard identification, risk assessment and control report (form HS-03) is prepared according to this procedure;
- (4) The CMAA Safety and Health Committee plans for the identification of hazards through (proactive) general and specific hazard inspections;
- (5) Once a potential hazard has been reported or changes proposed, the Assessment Team (RA-team) is to conduct the action without delay. The RA-team should consist of the relevant Safety and Health Officer and the CMAA Instructors. Other members or persons with specialist skills may be included. RA-team members must be trained to perform the task;
- (6) The RA-team should consult with relevant members when conducting the hazard identification and risk assessment. The RA-team should determine whether a hazard exists;
- (7) The RA-team forwards the report of the risk assessment to the CMAA Executive Leadership Team within 1 week. The report includes a draft action plan with recommended action, by whom and by when. Short-term actions will be implemented by the Safety officer in consultation with the CMAA Executive Leadership Team;





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- (8) The CMAA Executive Leadership Team will forward the risk assessment report (including a draft action plan) to the CMAA Safety and Health Committee within 1 week of receiving that report. The Committee may recommend additional actions;
- (9) The Safety officer and CMAA Executive Leadership Team will implement short, medium and long term control measures where appropriate, based on the hierarchy of control;
- (10) The CMAA Executive Leadership Team arranges for the RA-team to review the implemented control measures within 1 week of their introduction to ensure that they are appropriate (refer to form HS-09: Control Review). Further reviews of implemented control measures take place through regular hazard inspections. If controls are not appropriate the RA-team recommends changes to the CMAA Executive Leadership Team. The Safety Officer and CMAA Executive Leadership Team implement any modifications to the controls;
- (11) The CMAA Executive Leadership Team forwards the full risk assessment report (including all changes, action plan and review) to the CMAA Safety and Health Committee.

### **3.2.3.2 Responsibility**

The responsibility for this process rests with the CMAA Executive Leadership Team

### **3.2.3.3 Audit Records**

- Form HS-01: Hazard Report Form
- Form HS-03: Hazard identification, risk assessment and control report
- Form HS-09: Hazard Control Review

## **3.3 Prohibitions**

### **3.3.1 Alcohol And Other Drugs**

#### **3.3.1.1 Purpose**

The objective of the CMAA alcohol and other drugs procedure is to ensure that no alcohol or other drugs are involved in CMAA training, demonstration and or competitive events. The objective will be achieved through a three-tiered approach:

- (1) Prevent breaches of CMAA policy through provision of information and conduct of education;
- (2) Management of hazards through introduction of procedures for dealing with affected persons;
- (3) Provision in the strategy for the return of affected members.

#### **3.3.1.2 Procedure**

The use of alcohol and other drugs when involved in training activities, seminars, competitions, etc is not condoned by the CMAA. Such use is counter productive to the training aims and objectives of the CMAA and presents a very real risk of personal injury to those who are under the influence as well as to others. These procedures cover every person including CMAA Executive Leadership Team, Instructors, members, as well as visitors, whilst on the premises. There will be no discrimination between members in the way in which they will be treated under the proposed policy and procedures.



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### **3.3.1.3 Responsibility**

The responsibility for this procedure rests with the CMAA Executive Leadership Team, Safety officer, and Instructors

### **3.3.1.4 Audit Records**

N/A

### **3.3.1.5 Consumption of Alcohol or Drugs**

No one is allowed to consume, be under influence of or have in their possession, any alcohol or other drugs of any kind at CMAA training, demonstration and or competitive events.

## **3.3.2 Report of Hazards, Harm to Health**

It is the responsibility of Instructors to monitor all members of CMAA. It is the responsibility of CMAA members to contact the Safety officer or Instructor if they observe another member who appears to be under the influence of alcohol or other drugs. Should it be necessary to take medication prescribed by a medical practitioner or non-prescribed legal drugs, the CMAA member must abide by any warnings issued with these drugs and inform the Instructor on his/her use prior to training.

## **3.3.3 Under the Influence**

Where it is believed that a CMAA member is under the influence of alcohol or other drugs and they may be displaying some or all of these visible signs:

- (1) Lack Of Coordination
- (2) Slurring Of Words
- (3) Unusually Excitable Or Hyperactive
- (4) Vomiting
- (5) Slow Reaction
- (6) Blurred Vision.

It is the role of the Instructor or the Safety officer to approach the impaired person and inquire why their behaviour is different than usual. If the person is aggressive or appears unpredictable, more than one person should be involved in the initial approach, which should be quietly assertive – not aggressive, argumentative or threatening. The safety of the person and those in close proximity must be maintained. Any person allegedly under the influence of alcohol or drugs is to be sent home ensuring that they do so without causing injury to themselves or any other person. The Instructor or Safety officer is required to report the incident to the Executive Leadership Team. The investigation will take place the next available time by the Safety Officer. The person must be given the opportunity to respond and have their own representative present at all meetings if requested. Confidentiality will be respected at all time.

## **3.3.4 Evaluation of this procedure**

The CMAA Executive Leadership Team together with the Safety Officer and the Health and Safety committee will be responsible for regular evaluation and updating of the CMAA's procedures concerning Alcohol and Drugs within the CMAA. It is the responsibility of the Safety Officer to ensure that the material regarding the program is readily accessible to all CMAA members and new CMAA members are advised of its nature and existence during the induction program.

## **3.3.5 Disciplinary Action**

Being under the influence of alcohol or other drugs is a serious misconduct and presents a real risk to the members of the CMAA considering the type of training conducted. Disciplinary action will be the responsibility of the Instructor under the guidance of the CMAA Executive Leadership Team. Where a CMAA member is found to be under the influence of alcohol or other drugs the member will be given a warning. This warning will clearly state that if a repeat of the same or similar incident occurs their membership will be terminated. If the CMAA member is found to be under the influence of alcohol or other drugs for a second time, the person's membership to the CMAA will be terminated. Summary dismissal is at the discretion of the CMAA Executive Leadership Team. The CMAA member will face summary dismissal after the first instance in the event of serious assault, threatening, and verbal abuse, harassment of another CMAA member or third party, causing severe damage to the premises



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or property, violating safety rules, training rules or any other operating procedures of the CMAA or any criminal activity.

### **3.3.6 Responsibility**

The responsibility for the management of this policy rests with the Executive Leadership Team of the CMAA.

## **3.4 Smoke Free Area**

No smoking is permitted within the CMAA training facility or directly outside a CMAA facility by CMAA members. CMAA members, visitors, and guests are only allowed to smoke outside training facility in a designated area identified by the Instructor.

### **3.4.1 Purpose**

The CMAA is responsible to provide a safe and healthy environment. To support this responsibility the CMAA is committed to a smoke free environment. This coincides with health and safety legislation and current medical evidence with regard to both the harmful nature of cigarette smoking, passive smoking and reflects changing community attitudes to smoking.

### **3.4.2 Definitions**

*Enclosed area:* an area that has permanent or temporary ceiling or roof and walls, sides or other vertical coverings.

*Designated smoking area:* an area in which a person may smoke. This area should be an open area and it should be arranged so that tobacco smoke from the area does not enter any other part of the building.

### **3.4.3 Procedure**

All CMAA members, Executive Leadership Team, Instructors, visitors, and guests must refrain from smoking in the premises. This means that smoking will not be allowed under any circumstances in the following areas:

- (1) All enclosed training area
- (2) Corridors and storerooms
- (3) Toilets

All persons are required to comply with this policy.

### **3.4.4 Disciplinary Action**

Instructors should advise persons, who do not comply with the policy that smoking is not allowed.

### **3.4.5 Information and signs**

No Smoking signs are to be placed in the training facility.

### **3.4.6 Responsibility**

Responsibility for this policy lies with the Executive Leadership Team, Safety Officer, and Instructors

### **3.4.7 Audit Records**

N/A



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### 3.5 Safety And Warning Signs

#### 3.5.1 Purpose

Determine safety and warning sign requirements and display safety and warning signs in all relevant areas. These procedures are applicable to all permanent and temporary signs with a safety, health or environmental focus.

#### 3.5.2 Procedure

- (1) Each Instructor, in conjunction with the Safety and Health Officer, will assess the area(s) under their control to determine what safety signs should be displayed and where the signs should be placed. This process will also cover the requirements for any temporary signs (Refer to Form HS-10: Safety and warning sign assessment);
- (2) In assessing the need for safety signs the Safety officer will liaise with the Executive Leadership Team to ensure that safety and warning signs:
  - i. are uniform,
  - ii. comply with legislative requirements;
- (3) Other persons with specialist skills may be consulted to ensure that the Safety sign assessment complies with legislative requirements;
- (4) Each Safety officer will be responsible for maintaining the standard of signs in the area(s) under their control;
- (5) Regular Academy inspections must include a check on the adequacy of signs with a safety, health or environmental focus.

#### 3.5.3 Responsibility

The responsibility for this task rests with the CMAA Safety officer

#### 3.5.3 Audit Records

- Form HS-10: Safety and warning sign assessment

### 3.6 Purchasing

#### 3.6.1 Purpose

The CMAA has a responsibility for the safety of all members at CMAA training areas. These procedures deal with how safety and health is addressed when equipment and materials are purchased.

#### 3.6.2 Procedure

- (1) The potential safety and health hazards associated with the purchase of equipment or materials are to be evaluated prior to placing a purchase order;
- (2) The person requesting the item must - so far as possible - complete the Pre-purchase checklist (form HS-11) and forward it to the CMAA Executive Leadership Team.
- (3) The CMAA Executive Leadership Team completes the Pre-purchase checklist in consultation with the Safety officer. Purchase specifications should include:
  - i. Detailed product specification, description, instruction manual, etc. of the item, including reference to relevant legislation;
  - ii. Risk assessments according to form HS-02;
  - iii. Any other specific safety and health requirements or information identified from the Pre purchase checklist should be included in the purchase specifications.
- (4) Depending on the situation (e.g. if there are safety or health hazards in regard to the purchase or if practices change) the CMAA Executive Leadership Team should also consult with the Safety and Health Committee, members and/or other relevant parties. After consultation, the CMAA Executive Leadership Team approves the purchase;
- (5) Prior to the use of new equipment or materials the CMAA Executive Leadership Team must provide information and training on the safe use of the item, the safety and health effects and the control measures put in place;
- (6) Repeated purchases of the same item may be covered by one form, the original Pre-purchase checklist of that item;



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- (7) All new items are to be checked upon receipt by the CMAA Executive Leadership Team to confirm that they meet the purchase specification;
- (8) Evaluation of safety and health issues in regard to new plant, equipment or substances will take place through regular Hazard inspections.

### **3.6.3 Responsibility**

Responsibility for this procedure lies with the CMAA Executive Leadership Team

### **3.6.3 Audit Records**

- Form HS-11: Pre-Purchase Checklist



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## SECTION 4 - PERFORMANCE MONITORING

### 4.1. Health and Safety Audits

#### 4.1.1 Purpose

The purpose is to determine whether the Safety and Health Policy and Procedures have been properly implemented and maintained and whether the CMAA has met the performance objectives set by the CMAA Executive Leadership Team; and review Safety and Health Policy and Procedures by the CMAA Executive Leadership Team and Safety Officer to ensure its continuing suitability and effectiveness in satisfying CMAA policy and objectives.

#### 4.1.2 Procedure

##### 4.1.2.1 Audit

Regular internal audits of the Safety and Health Policy and Procedures are necessary to determine the following:

- (1) Whether the system has been properly implemented and maintained, and
- (2) Whether the CMAA has met the performance objectives set by the CMAA Executive Leadership Team in consultation with the Health and Safety committee.

The Safety officer is responsible for performing internal audits. The coordinator uses a documented method to ensure the consistency of the audit process and its outcome. The Safety officer will plan for internal audits on a yearly basis. The audit frequency should be reviewed annually. The CMAA Executive Leadership Team will use the results of the internal audits for the Safety and Health Policy and Procedures Review.

##### 4.1.2.2 Review

The CMAA Executive Leadership Team will conduct a review towards the Safety and Health Policy and Procedures every 12 months. The review should include the following:

- (1) An evaluation of the suitability of the Health and Safety policy;
- (2) Review of Health and Safety objectives, targets and Health and Safety performance indicators;
- (3) Findings of internal audits;
- (4) Evaluation of the effectiveness of the system and the need for changes in the light of:
  - i. changing legislation
  - ii. changing expectations and requirements of interested parties
  - iii. changes in the activities of the CMAA
  - iv. changes to the structure of the CMAA
  - v. advances in science and technology
  - vi. lessons learned from health and safety incidents
  - vii. reporting and communication
  - viii. feedback from CMAA members.

##### 4.1.2.3 Responsibility

The responsibility for this process rests with the CMAA Executive Leadership Team.

##### 4.1.2.4 Audit Records

N/A



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## **4.2. Health and Safety Inspection and Compliance Audit**

### **4.2.1. Facilities, Purpose**

To ensure that appropriate CMAA facilities are provided for CMAA members.

#### **4.2.1.1 Definitions**

Appropriate Facilities - *Equipment, amenities and training area provided for the comfort of CMAA members as determined in accordance with the location and conditions.*

#### **4.2.1.2 Procedure**

The Safety officer will make a written assessment of CMAA facilities every 12 months. Form HS-12: Area Assessment will be used for the assessment and decisions will be made about:

- (1) Drinking water
- (2) Suitable air quality
- (3) Suitable toilet facilities
- (4) Arrangements for people who are injured or become ill
- (5) Suitable training area
- (6) Suitable protective equipment
- (7) Appropriate Lighting
- (8) Suitable facilities for personal belongings, if required,
- (9) Suitable facilities for changing clothes, if required.

The assessment is to be forwarded to the CMAA Executive Leadership Team and the Safety and Health Committee with any recommendations for improvement.

#### **4.2.1.3 Responsibility**

The responsibility for this task lies with the Safety officer

#### **4.2.1.4 Audit Records**

- Form HS-12: Area Assessment

### **4.2.2 Fire Protection, Purpose**

To ensure that appropriate CMAA facilities are provided for CMAA members.

#### **4.2.2.1 Procedure**

The Safety Officer will monitor the fire protection equipment inspection conducted by the building management. Form HS-12: Area Assessment will be used for such monitoring. The monitoring consists of inspection towards the following:

- (1) Fire Extinguisher
- (2) Smoke Detectors and Alarms
- (3) Sprinkler
- (4) Hydrant

#### **4.2.2.2 Responsibility**

The responsibility for this task lies with the Safety officer

#### **4.2.2.3 Audit Records**

- Form HS-12: Area Assessment
- Form HS-13: Fire Extinguisher Check Log



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#### **4.2.3 Emergency Lamp**

Emergency lamps are checked and maintained by the Building Management as planned / coordinated with the Safety officer.

##### **4.2.3.1 Purpose**

To ensure that the emergency lamps are functional in case of an emergency

##### **4.2.3.2 Procedure**

Safety Officer will monitor the emergency lamps inspection conducted by the building management. Form HS-14: Emergency Support Assessment Checklist is used for the monitoring.

##### **4.2.3.3 Responsibility**

The responsibility for this task lies with the Safety officer

##### **4.2.3.4 Audit Records**

- Form HS-14: Emergency Support Assessment Checklist

#### **4.2.4 Emergency Exits**

Escape routes and exits are to be checked by the Safety officer on the second week of each month.

##### **4.2.4.1 Purpose**

To ensure that the emergency exits are accessible and safe to use for all CMAA members

##### **4.2.4.2 Procedure**

The Safety Officer will make a written assessment of facilities required by CMAA members every six months. Form HS-14: Emergency Support Assessment Checklist is to be used for the assessment regarding:

- (1) Accessibility
- (2) Obstacles
- (3) Floor slipperiness
- (4) Railings
- (5) Heat endurance/resistance
- (6) Smoke exhaust

##### **4.2.4.3 Responsibility**

The responsibility for this task lies with the Safety officer

##### **4.2.4.4 Audit Records**

- Form HS-14: Emergency Support Checklist





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## 4.2.5 First Aid Equipment

### 4.2.5.1 Purpose

These procedures outline the first aid arrangements and equipment available at the CMAA to ensure that emergency treatment is provided for persons suffering injury or illness whilst training. They also cover the first aid treatment of non-CMAA members who may visit the area.

### 4.2.5.2 Definitions

*First Aid arrangements and equipment*- includes first aid kits and contents, first aid rooms and equipment and the number of persons trained in first aid.

### 4.2.5.3 Procedure

- (1) The Safety officer will perform a first aid assessment of the area(s) of responsibility;
- (2) The assessment team will use form HS-15: First Aid assessment report to:
  - i. identify and assess risks through examination of previous injuries and/or illnesses;
  - ii. determine the appropriate first aid facilities and training required;
- (3) The results of the first aid assessment will be discussed in the Safety and Health Committee;
- (4) The Safety officer will check first aid equipment monthly and keep a record of these checks using the inspection record HS-16: First Aid Kit Content Checklist;
- (5) The Safety officer will ensure that all first aid treatment and injuries are recorded in a First aid/accident report book (Form HS-17). Minimum information to be recorded in the First aid/accident report book is name, date, cause and nature of injury, first aid treatment and a short description of the accident. The First aid/accident report book will be kept next to every First aid kit. Near misses and property damage must be recorded in the "Accident and Incident Investigation Form" form (HS-18).
- (6) The Safety officer will review the first aid system every year.

### 4.2.5.4 Responsibility

The responsibility for this task lies with the Safety officer

### 4.2.5.5 Audit Records

- Form HS-15: First aid assessment report
- Form HS-16: First Aid Kit Content Checklist
- Form HS-17: First aid/accident report book
- Form HS-18: Accident and Incident Investigation Form

## 4.2.6 Electricity

### 4.2.6.1 Procedure

- (1) An assessment of Electrical Safety will take place through regular Hazard Inspections (form HS-02: Hazard Assessment Checklist);
- (2) The Safety officer in coordination with the building security will arrange regular testing and tagging of all equipment, extension cords and residual current devices;



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#### **4.2.6.2 Responsibility**

The responsibility for this task lies with the Safety officer.

#### **4.2.6.3 Audit Records**

- Form HS-02: Hazard Assessment Checklist

### **4.3 Evaluation & System Compliance**

Periodic review and measurement of existing Health and Safety Policy and Procedures, and compliance with that system is critical in identifying unmanaged risks. The effectiveness of the procedures is determined by measuring a combination of leading and lagging indicators. Evaluation and System Compliance are implemented by:

- (1) Implementing regular reviews of Health and Safety policy, objectives and management systems to ensure they remain current, relevant and complete;
- (2) Measuring, evaluating and reporting compliance with the Health and Safety Policy and Procedures on a regular basis;
- (3) Establishing, communicating and using key performance measures and reporting standards for ongoing performance evaluation.



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## SECTION 5 - INCIDENT REPORTING AND EMERGENCY RESPONSE

### 5.1. Reporting

#### 5.1.1. Hazard Reporting

##### 5.1.1.1. Purpose

These procedures describe how CMAA members report hazards and near misses. The Hazard Report applies to the reporting of any safety and health issues other than personal injury (the Incident form is to be used for this purpose). The procedures apply to all CMAA members, contractors or visitors.

##### 5.1.1.2 Definitions

Hazard - potential to cause injury or damage.

##### 5.1.1.3 Procedure

- (1) The CMAA Executive Leadership Team and the Safety officer will ensure that the Hazard Report Forms are available to all members;
- (2) If there is an immediate risk of injury or illness, a member will take action to make the area safe, ensuring their own safety is not jeopardized and immediately report the hazard to their Instructor. The Instructor then conveys the information to the Safety Officer. Reporting member(s) and Instructors are required to fill out HS-01: Hazard Report Form which is to be provided to the Safety Officer.
- (3) On the receipt of the report, the Safety Officer will:
  - i. Take action to remove the hazard immediately if possible;
  - ii. Take action to prevent members being exposed to the hazard;
  - iii. Forward Hazard Report to the Executive Leadership Team within 1 day of receiving the report;
- (4) The CMAA Executive Leadership Team will forward all Hazard Reports to the Safety and Health Committee;
- (5) Copies of Hazard Reports are to be filed at each location under "Hazard Reports".
- (6) The CMAA Executive Leadership Team is to ensure that an explanation of these procedures is included in the induction for new CMAA members;

##### 5.1.1.4 Responsibility

The responsibility for this task lies with the Safety Officer

##### 5.1.1.5 Audit Records

- Form HS-01: Hazard Report Form

#### 5.1.2. Injury / Incident Reporting & Investigation

##### 5.1.2.1 Purpose

These procedures describe the internal and external incident reporting and recording requirements of the organization, and the procedures for accident/incident investigation. They specify who does the reporting, recording and investigating of incidents, and what forms must be completed.

##### 5.1.2.2 Procedure

- (1) All first aid treatments and injuries must be reported in the First aid / accident report book that is located next to the First aid kit (form HS-17, see for further information procedures First Aid section).
- (2) All incidents where a person is injured or could have been injured (near miss), or damaged property must be reported through the Accident and Incident Investigation Form (Form HS-18).



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- (3) The Safety Officer will notify the CMAA Executive Leadership Team immediately by phone of any loss time injury or injury/incident where medical treatment is required.
- (4) Page 1 and 2 of the "Accident and Incident Investigation Form" form (Form HS-19) is to be completed (as detailed as possible) by the member and immediate Safety Officer within 12 hours of the injury or incident.
- (5) Page 3 of the "Accident and Incident Investigation Form" form (Form HS-18) is to be completed by the Safety officer in conjunction with the injured person. The Safety Officer will be involved in the incident investigation (contributing factors and preventative measures).
- (6) It is the responsibility of the Safety Officer to ensure that copies of the completed form are provided to the CMAA Executive Leadership Team within 24 hours of the time of the injury or incident.
- (7) The Safety Officer will file all completed Form HS-19: Injury/Incident Reports and Investigation Forms.

#### **5.1.2.3 Responsibility**

The responsibility for this task lies with the Safety officer

#### **5.1.2.4 Audit Records**

- Form HS-17: First aid/accident report book
- Form HS-18: Injury/Incident Reports And Investigation Form

### **5.2. Emergency Planning, Preparedness & Response**

#### **5.2.1. Emergency Procedure**

##### **5.2.1.1 Purpose**

To provide the emergency control structure and directions which will prevent injury to CMAA members, visitors and members of the public or premises in the event of an emergency. The procedures also aim to minimize damage to the CMAA's equipment and property.

##### **5.2.1.2 Procedure General**

Emergency procedures cover the following incidents:

- (1) Evacuation
- (2) Fire
- (3) Accident
- (4) Earthquake
- (5) Bomb Threat
- (6) After Hours

##### **5.2.1.3 Development of Emergency floor plans**

The CMAA Executive Leadership Team in conjunction with the Safety Officer will develop an emergency plan.

##### **5.2.1.4 Review of Emergency Procedures and Inspections**

The Emergency Procedures and Emergency information for bulletin boards must be kept up to date and reviewed for each area by the CMAA Executive Leadership Team in conjunction with the Safety Officer. The CMAA Executive Leadership Team, and/or Safety Officer will review the Emergency procedures and display Emergency Information every 6 months. All Instructors and the Safety Officer will continually monitor risk in order to minimize the potential of an emergency. Hazard inspections, emergency support inspections, and facility inspections will take place in accordance to the respective procedures. As part of the hazard inspection the Safety Officer and Instructors will identify and assess emergency situations, hazards and relevant controls such as servicing of firefighting equipment, condition of protective training equipment and mats, etc.

##### **5.2.1.5 Display of information**



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- (1) Emergency information and Standard Emergency Orders will be displayed in all relevant areas and on all notice boards.
- (2) The emergency procedures and the plans should be simple but effective.

#### 5.2.1.6 Emergency control team

The CMAA Executive Leadership Team is responsible for the establishment of an emergency control team. The responsibilities of the emergency control team are:

##### (1) Chief Warden

- i. Oversee and support the activities of all other Wardens.
- ii. Assist Safety Officer with development and review of emergency management procedures.
- iii. Determine training for all personnel.
- iv. Co-ordinate drills and exercises.

In case of an emergency:

- i. Attend to the emergency control point.
- ii. Communicate with Area Wardens and ascertain the nature and scope of the emergency.
- iii. Ensure the appropriate response has been conducted.
- iv. Ensure that the emergency services have been notified.
- v. Brief the incoming emergency services and respond to their requests.
- vi. Stop people from entering the building or area.
- vii. Initiate evacuation of affected areas if necessary.

##### (2) Deputy Chief Warden

- i. Perform the role of Chief Warden in their absence
- ii. Assist Chief Warden in conducting their tasks

##### (3) Area Warden

- i. Determine the nature of the emergency and raise the alarm:
- ii. Contact the emergency services:

Police	:	112
Fire Brigade	:	113
Ambulance	:	118

- iii. Notify the Chief Warden.
- iv. Operate the fire alarm (if applicable).
- v. Evacuate personnel from immediate danger area to a safe location.
- vi. Co-ordinate the attack on fire if safe to do so.
- vii. Communicate with Chief Warden giving details of:
  - (a) present situation
  - (b) whether evacuation is warranted
- viii. If evacuation is required, check all areas including offices, toilets, change rooms, etc. Closing all doors after check.
- ix. Before leaving area, report evacuation complete to Chief Warden, then proceed to assembly area and count if members are complete.

##### (4) Assembly Area Marshal

- i. Ensure all evacuees are in the designated evacuation point
- ii. Conduct head count based on the CMAA Member Training Attendance (Refer to HS-07)
- iii. Notify the Chief Warden if any evacuees are not in the designated evacuation point

#### 5.2.1.7 Identification of Wardens

Wardens can be identified in that they are the class Instructors and Assistant Instructors



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#### 5.2.1.8 Training

The emergency control team will receive training regularly in their appointed duties. Emergency personnel will be trained in the use of fire extinguishers and all CMAA members will be regularly briefed in emergency procedures.

#### 5.2.1.9 Responsibility

The responsibility for this task lies with the Safety officer

#### 5.2.1.10 Audit Records

- Form HS-19: Emergency Support Contact Details List
- Form HS-07: CMAA Member Training Attendance

### 5.2.2. Evacuation

#### 5.2.2.1 If you discover an emergency:

- (1) Attract the attention of other people in the immediate area. Do not shout or cause panic.
- (2) Raise the alarm by contacting your Area Warden/Instructor or another member of the Emergency Control Team listed in this document. For after normal hours see the "After hours" section.
- (3) Carefully describe :
  - a. The location of the emergency
  - b. The type of emergency (e.g. fire, bomb threat, etc.)
  - c. Your name and phone / mobile number
- (4) Wait for instructions from your Area or the Chief Warden/Instructor.

#### 5.2.2.2 Responsibility of CMAA Members:

Each CMAA member has a responsibility to familiarize themselves with their location and be aware of:

- (1) The most direct means of exit from the building or area;
- (2) The nominated assembly area for the building or area
- (3) The location of any portable fire fighting equipment within the building or area

#### 5.2.2.3 Fire, if you discover a fire:

- (1) Raise the alarm by contacting your Area Warden/Instructor or another member of the Emergency Control Team listed in this document. For after normal hours see the "After hours" section.
- (2) State the exact location of the fire and provide information on:
  - i. The type of the fire i.e. bright flame, smouldering, amount of smoke.
  - ii. The extent of the fire i.e. large, small, medium.
  - iii. The material, which is burning or smouldering i.e. papers, cardboard, liquid.
  - iv. People who are injured, unconscious or have a disability.
- (3) Wait for instructions from your Area Warden/Instructor.
- (4) Be ready to evacuate – subject to supervision and in an orderly manner.
- (5) Close all doors and windows before you leave (if possible).
- (6) Take vital personal belongings with you (if possible).
- (7) Switch off machinery, computers etc. (if possible).
- (8) Isolate heating, power supply (if possible).
- (9) Proceed to the designated assembly area.
- (10) Listen to the instructions of the Wardens/Instructors.
- (11) Notify Wardens/instructors of any specific information.

#### 5.2.2.4 Accident, in the event of an accident

- (1) Check for any threatening situation and control if safe so. Do not enter an unsafe area. If possible switch off any electrical equipment, which is dangerous or has the potential to cause further accidents/injuries.
- (2) Remain with the casualty unless there is no other option.



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- (3) Contact (or ask another person to contact) the First Aider and the Area Warden/Instructor (or another member of the Emergency Control Team) listed in this document. For after normal hours see the "After hours" section.
- (4) Notify the ambulance on '118 if not already done and designate someone to meet them.
- (5) Make the victim comfortable and commence first aid if qualified and safe to do so.
- (6) Do not move any casualties unless in life threatening situation. Stem blood flow, keep casualties warm and make him or her comfortable.
- (7) Provide support to first aid or ambulance if required.

All CMAA members in need of medical attention will be referred to the following hospitals:

Hospital	Address	Phone	Fax
Global Assistance and Healthcare	Jl. Pattimura No. 15, Kebayoran Baru Jakarta 12110	+62-21- 725.8115 +62-21- 725.7962	+62-21-725.7961
SOS International	PT. Asih Eka Abadi, Jl. Puri Sakti No 10, Cipete, Jakarta 12410	+62-21-750.6001 +62-21-750.5980	+62-21-750.6002
Pondok Indah Hospital	Jl. Metro Duta kav. UE, Pondok Indah, South Jakarta 12310	+62-21 750.3522	+62-21-750.2324 +62-21-769.9033
Fatmawati Hospital	Jl. RS Fatmawati, Cilandak, South Jakarta, 12430	+62-21-766.0552	+62-21-769.0123
Marinir Cilandak Hospital	Jl. Raya KKO Cilandak, Pasar Minggu	+62-21-780.5415 +62-21-780.5296	+62-21-781.2764

#### 5.2.2.5 Earthquake, In the event of earthquake:

- (1) If you are inside, do not evacuate the building unless instructed by an Area Warden or Chief Warden/Instructor. Stay away from windows and glassed areas.
- (2) If you are outside, stay away from buildings, power lines, poles and trees.
- (3) Shelter under a table, desk or doorframe or other protection against falling debris.
- (4) Do not light cigarettes, lighters, etc. These can create explosions, as there may be flammable fumes from damaged containers or gas mains.
- (5) In instructed to evacuate stay away from buildings, power lines, poles and trees while making your way to your designated assembly area.

#### 5.2.2.6 Bomb Threat

##### 5.2.2.6.1 If you find a suspicious object:

- (1) Do not touch the object, clear the area and prevent other CMAA member from going near the object.
- (2) Do not panic, go to the nearest phone and raise the alarm by contacting your Area Warden/Instructor or another member of the Emergency Control Team listed in this document. For after normal hours see the "After hours" section.
- (3) Contact the Police on "112" if not already done by a member of the Emergency Control Team.
- (4) Wait for advice from Emergency Control Team / Police and leave doors and windows open

##### 5.2.2.6.2 If you receive a bomb threat telephone call:

- (1) Endeavour to obtain as much information as possible about the threat:
  - i. Location of bomb – which building.
  - ii. Type of package
- (2) If possible engage the caller in conversation allowing a trace to be made on the call

**Do not hang up!**



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- (3) Raise the alarm by attracting the attention of another CMAA member or a person who should:
  - i. Raise the alarm by contacting the Area Warden/Instructor or another member of the Emergency Control Team listed in this document. For after normal hours see the "After hours" section.
  - ii. If you are in a building with a main Switchboard: advise The Switchboard operator the extension number so that the line can be held open for trace purposes.
- (4) Complete as much as possible of the bomb threat checklist (Refer to HS-21)
- (5) If asked to evacuate, follow the evacuation instructions:
  - i. Be ready to evacuate – subject to supervision and in an orderly manner.
  - ii. Open all doors and windows before you leave (if possible).
  - iii. Take vital personal belongings with you (if possible).
  - iv. Proceed to the designated assembly area.
  - v. Listen to the instructions of the Wardens/Instructors.
  - vi. Notify Wardens/Instructors of any specific information such as specific location, any people who are injured, unconscious or have a physical disability.

#### **5.2.2.6.3 After Hours, If you discover an emergency (fire, bomb threat, etc.)**

- (1) Raise the alarm by contacting the Chief Warden/Instructor on their mobile phone.
- (2) Contact the Emergency Services if necessary

Police	:	112
Fire Brigade	:	113
Ambulance	:	118
- (3) Evacuate your area through the nearest safe exit to the assembly area.
- (4) Be familiar with area maps and signs.
- (5) Make sure everyone in your area has been evacuated.
- (6) Evacuate any people with physical disabilities or injuries to a safe place in a manner that does not harm them.
- (7) Seek assistance and follow instructions of Emergency Services personnel.





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## SECTION 6 - DOCUMENTS AND FORMS

All documents and form used in the Combined Martial Arts Association Health and Safety Policy and Procedures are listed below:

Form #	Remarks
HS - 01	Hazard Report Form
HS - 02	Hazard Assessment Checklist
HS - 03	Hazard identification, risk assessment & control
HS - 04	Health and Safety Information Distribution Log
HS - 05	Health and Safety Meeting Minutes Form
HS - 06	CMAA New-member health record sheet
HS - 07	CMAA Member Training Attendance
HS - 08	Visitor Log
HS - 09	Hazard Control Review
HS - 10	Safety and warning sign assessment
HS - 11	Pre-Purchase Checklist
HS - 12	Area Assessment
HS - 13	Fire Extinguisher Check Log
HS - 14	Emergency Support Checklist
HS - 15	First aid assessment
HS - 16	First Aid Kit Checklist
HS - 17	First aid/accident report book
HS - 18	Accident and Incident Investigation
HS - 19	Emergency Support Contact
HS - 20	Bomb Threat Checklist
HS - 21	Training Area Assessment
HS - 22	Training Conduct Assessment



# HS-01 HAZARD REPORT

<b>Safety Officer</b>
<b>(Signature)</b>



## HS-02 HAZARD ASSESSMENT CHECKLIST

Inspection Information	
Inspector : _____	Date/Time : _____

Checklist Item	Condition			Level of Risk			Remarks
	Yes	No	N/A	High	Medium	Low	
Floors and walkways							
1. Oil, grease and other spills cleaner up immediately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Floors kept dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Entry and walkways kept clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. No electrical leads or hoses across walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Walkways clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Unobstructed vision at intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting							
7. Adequate illumination for each task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Good natural lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Good light reflection from walks and ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. No glare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Light fittings clean and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Emergency lighting and exit signs operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area							
13. Glare from windows and light fittings minimized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Air conditioning maintained regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Non slip floors, walkways and stairs clear of obstruction and leads, suitable training area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical							
16. No broken plugs, sockets, or switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. No frayed or damaged leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Portable power tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. No temporary or permanent leads or extension leads on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubbish							
20. Bins located at suitable points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Bins emptied regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Oily rags, combustible or flammable rags and refuse kept in covered containers or bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Waste regularly cleaned up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Checklist Item	Condition			Level of Risk			Remarks
	Yes	No	N/A	High	Medium	Low	
<b>First Aid</b>							
24. First Aid Kits appropriate and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Easy access to first aid kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Clearly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Emergency numbers displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Accident Report Book maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire</b>							
29. Extinguishers clearly marked, in place, regularly serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Clear exits and "exit-signs" in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Adequate pointers to fire exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Fire alarm system working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Emergency evacuation procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Regular drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Members capable in using fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Storage</b>							
36. Material stored in racks and bins whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Storage layout designed to minimize lifting problems (between knee and shoulder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Easy access for people and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Floors around racking or shelves clear of rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. General condition of racks (stable, bolted in floor or wall) and pallets (not broken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Manual handling</b>							
41. Repetitive reaching above shoulder or out from the body minimized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Lifting from ground level or above shoulder level avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Limited frequent handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Enough space for free movement while doing task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Floor surfaces non-slip and level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Inspector</b>
<div style="text-align: center; margin-top: 50px;">(Signature)</div>



## HS-03 HAZARD IDENTIFICATION, RISK ASSESSMENT, AND CONTROL

Information of activity			
Site / Location :		Identified by :	
Date :		Time :	

Risk Analysis Matrix – Level of Risk					
Identified Hazards	Risk Assessment			Risk Score E x L x C	Risk Level
	Exposure (E)	Likelihood (L)	Consequence (C)		

Exposure (E)		Likelihood (L)		Consequence (C)		Risk Score
Continuously	10	Almost Certain	1.0	Catastrophic	20	
Frequently	6	Likely	0.6	Major	10	E: > 20
Occasionally	3	Possible	0.3	Moderate	5	H: > 10
Infrequently	2	Unlikely	0.1	Minor	2	M: 3 – 10
Rarely	1	Rare	0.05	Insignificant	1	L: < 3

### Legend:

- E** : Extreme/Significant Risk; immediate action required; must be managed by Executive Leadership Team with a detailed plan, Safety immediately.
- H** : High Risk, Executive Leadership Team attention needed; detailed research and planning by Executive Leadership Team.
- M** : Moderate Risk: Executive Leadership Team responsibility must be specified; managed by specific monitor or response procedure
- L** : Managed by routine procedures; unlikely to need specific allocation resources.

Hierarchy of Risk Controls		
<p>"Elimination" is a permanent solution and should be attempted in the first instance.</p> <p>"Substitution" involves replacing the hazard or environmental aspect by one of lower risk.</p> <p>"Engineering Control" involves physical barriers or structural changes to the environment or process.</p> <p>"Administrative Control" reduces hazard by altering procedures and providing instruction.</p> <p>"Personal Protective Equipment" is the last resort or temporary control.</p>		
Recommended Risk Control		
Details of Action to be Taken		
Actions Completed		
Action by:	Authorized by	Date Completed
(Signature)	(Signature)	



## HS-04 HEALTH AND SAFETY INFORMATION DISTRIBUTION LOG

[illegible]



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## HS-05 HEALTH AND SAFETY MEETING MINUTES FORM

Attendee's Name	Signature

**Result:**



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## HS-06 CMAA NEW-MEMBER HEALTH RECORD SHEET

Contact Details	
Name	: _____
Date of Birth	: _____ Age : _____
Address	: _____ _____
Mobile Phone #	: _____ Residence Phone # : _____
Emergency Contact	
Name	: _____
Relationship	: _____ Emergency Phone# : _____
Parents/Legal Guardian's Name	: _____ Phone# : _____
Address	: _____ _____
Medical Condition	
Medication Currently Taken	: _____
Amount	: _____ Frequency : _____
Glasses	: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, state your visual level _____.
Phobia	: _____
Medical Information	
Physician's Name	: _____ Phone# : _____
Date of Last Physical Examination	: ____ / ____ / ____
Name of Dentist/Orthodontist	: _____ Phone# : _____
Health Insurance Policy	: _____
Health Policy Number	: _____ Contact Number : _____
Contact Address of Health Provider	: _____ _____

NOTE: All participants are responsible to maintain health insurance through either family, group, or individual plans.  
HEALTH HISTORY: To the best of your knowledge, check off all health conditions below, which you have contracted in the past three years.





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<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Hypertension	<input type="checkbox"/> German measles	<input type="checkbox"/> Asthma
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles
<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hepatitis

List Any Operations or Serious Injuries (include approximate dates):

---

---

---

List Any Disability or Chronic or Recurring Illness (include approximate dates):

---

---

---

Indicate Any Further Health Related Information that should be known by the CMAA Executive Leadership Team:

---

---

---

**IMPORTANT: THE FOLLOWING MUST BE COMPLETED FOR PARTICIPATION**

I acknowledge and attest that the above details and health history is correct to the best of my knowledge. I hereby give permission to the medical personnel selected by the Instructor at hand, to order X-rays, routine tests and treatment for me in the event that my indicated emergency contact person cannot be notified in an emergency, I hereby give permission to the physician selected by the Instructor, to authorize ambulance support, hospitalize, secure proper treatment for and to order injection and/or anaesthesia and/or surgery for me. This form may be photocopied for use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of participant or Parent/Legal Guardian of Minor



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## HS-07 CMAA MEMBER TRAINING ATTENDANCE REGISTER

Training Venue	Date	Instructor's Signature

Ser	Time		Member's Name	Member's Signature
	In	Out		



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## HS-08 VISITOR LOG

Ser	Date	Time		Visitor's Name	Address & Ph. #	Visitor ID Type & Number	Visitor Signature
		In	Out				





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## HS-10 SAFETY AND WARNING SIGN ASSESSMENT

Assessment Information	
Site Assessed :	Date / Time :
Assessors Information	
Name :	Signature :
Name :	Signature :

Permanent Signs		
Sign	Location	Special Requirements

Temporary Signs required for area

Sign prompt list	
Permanent signs	Temporary signs
Dangerous goods	Gas – Keep Clear
Directional warning signs	No Smoking – No Flames
Exit signs	Workers Ahead
Personal Protective Equipment	Speed warning
Speed restrictions	Stop
Entry restrictions	Slow
Fire equipment	Cones
Fire extinguisher	etc
No smoking	
etc	



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## HS-11 PRE-PURCHASE CHECKLIST

General Information	
Description of item to be purchased	:
Suggested Supplier	:
Person requesting purchase	: (Name & Signature)
Person authorizing purchase	: (Name & Signature)
Date this checklist completed	:

Consultation Requirements	
Consult with the following person(s) prior to the purchase of equipment, materials, or substances that possess hazard.	
Name & Signature	Date
Safety Officer :	
Safety Committee :	
Others (please specify) :	
Others (please specify) :	



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<b>General Safety</b>	
Movement around facility	:
Access and egress	:
Maintenance	:
Housekeeping: cleaning, removal of debris	:
Warning signs	:
Electricity	:
First Aid equipment	:
Emergency/evacuation requirements	:
Public safety	:
Instruction, information and training about safe use	:
<b>Noise</b>	
Noise level available from supplier	:
Noise level < 85 dB	:
Academy Noise Assessment	:
<b>Flammable Goods</b>	
Storage near other flammable goods or materials	:
Procedures for storage and handling	:
Gas cylinders secured (by a chain)	:
<b>Lighting</b>	
Monitoring of lighting levels required	:
<b>Temperature</b>	
Monitoring of heat/cold required	:
<b>Personal Protective Equipment</b>	
Body Protector	:
Protecting Gloves	:
Head Protection	:
Face Protection	:
Safe Instruction	:
<b>Other Requirements relevant to Safety</b>	
	:
	:
	:
	:
	:



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## HS-12 AREA ASSESSMENT

Issue	Assessment and Action	Name & Dept.	Date	Remarks
Suitable air quality				
Suitable toilet facilities				
Suitable washing facilities				
Where necessary, suitable facilities for changing clothes				
Suitable facilities for eating				
Drinking water				
Arrangements for people who are injured or become ill				
Seating				
Suitable Training Spaces				
Lighting				
Access and egress for disabled				
Suitable facilities of personal belongings				
Suitable protection from adverse weather conditions				
Suitable protective equipment relevant to the training				
Others, please specify				





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## HS-13 FIRE EXTINGUISHER CHECK LOG

Location	Type	Pressure	Recharge Due Date	Owner	Check Date	Checked by	Remarks
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Over pressured <input type="checkbox"/> Normal <input type="checkbox"/> Low					



## HS-14 EMERGENCY SUPPORT CHECKLIST

Assessment Information	
Date / Time : _____	Assessor : _____

Emergency Stairs	Yes	No	Remarks
1. Steps firm	<input type="checkbox"/>	<input type="checkbox"/>	
2. Anti-slips treads	<input type="checkbox"/>	<input type="checkbox"/>	
3. Firm handrails	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Inside the area</b>			
4. Floors kept dry	<input type="checkbox"/>	<input type="checkbox"/>	
5. Entry and walkways are clear from any obstacles	<input type="checkbox"/>	<input type="checkbox"/>	
6. No electrical leads or hoses across walkways	<input type="checkbox"/>	<input type="checkbox"/>	
7. Walkways clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	
8. Unobstructed vision at intersections	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Emergency Exit</b>			
9. Clear exits and "exit-signs" in place	<input type="checkbox"/>	<input type="checkbox"/>	
10. Adequate pointers to emergency exits	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Supporting Elements</b>			
11. Emergency lighting and exit signs operable	<input type="checkbox"/>	<input type="checkbox"/>	
12. Regular drills	<input type="checkbox"/>	<input type="checkbox"/>	
13. Chief Warden, Deputy Chief Warden, Area Warden, and Assembly Marshal have been appointed.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Emergency evacuation procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	
15. Assembly Area have been appointed	<input type="checkbox"/>	<input type="checkbox"/>	
16. Emergency Evacuation Checklists are available	<input type="checkbox"/>	<input type="checkbox"/>	



## HS-15 FIRST AID ASSESSMENT

General Information	
Site assessed	:
Maximum distance to first aid	:
Number of floors	:
Access between floors	:
Number of members	:

Nature and severity of risks					
Type of Hazard	Existing Hazard	Severity of Risk			
Manual Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Cuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Burns	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Slips, Trips, and Falls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Exposure to weather	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Others (please specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Others (please specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			

Location of Facility
Nearest Hospital :
Travel time to medical service :

Numbers and Locations of first aid boxes
Number of first aid boxes :
Locations of first aid boxes :

Outcomes of Assessment
Contents of the First Aid Kit :
Training required for member :
Knowledge on reporting requirements :

Assessor's Name	Signature	Date / Time





## HS-17 FIRST AID / ACCIDENT REPORT BOOK

<b>Injured person details</b>
Full Name : _____

<b>Accident details</b>
Date of injury : _____ Time : _____
Site of accident : _____
Cause of injury : _____
Nature of injury : _____
Incident/accident description:          
<b>Witness(es) information – if any:</b>
Full Name : _____
Office Phone : _____ Mobile Phone : _____
Signature: _____ Date / Time : _____

<b>First aid details and follow up</b>
First aid medical treatment:          
Ceased to exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No Date : _____ Time : _____
Remarks:          
Action Taken to prevent same/similar accident to reoccur:          
Injury/Incident report and investigation form completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, person carrying out the investigation : _____
Signature:          



## HS-18 ACCIDENT AND INCIDENT INVESTIGATION

Particulars of Person(s) involved		
Name (of injured person) : _____ Contact Number : _____		
Particulars of Other Parties involved or witness(es) to incident		Witness
Full Name : _____	Contact Number : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name : _____	Contact Number : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name : _____	Contact Number : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 1 – Location, Task, and Supervision		
1. What was the exact location and time of the incident?		
2. What specific action was the person performing when the accident/incident occurred?		
3. What had the person been instructed to do a specific task?		
4. Who had instructed the person to do the specific task?		
Investigation Team Recommendations:		
To be conducted by: _____		
Section 2 – Personal Protective Equipment		
5. Which personal protective equipment was in use?		
6. What personal protective equipment should have been used?		
Section 2 – Personal Protective Equipment (continued)		



7. Was suitable personal protective equipment provided?

8. Was the personal protective equipment used properly?

Investigation Team Recommendations:

To be conducted by: \_\_\_\_\_

### Section 3 – Hazard Identification and Safety Procedures

9. Was a risk assessment undertaken prior to commencing the specific task?

10. What risk controls were recommended in the hazard identification?

Investigation Team Recommendations:

To be conducted by: \_\_\_\_\_

### INVESTIGATION TEAM

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date



## HS-19 EMERGENCY SUPPORT CONTACT

Emergency Control Team	Role	Contact Details
Glen Gardiner	Chief Warden (Senior Instructor)	0811811498
Carl Webb	Deputy Chief Warden (Instructor)	0811715722
Drew Lambert Andreas Stokowy John Brindley Jeff Tuttle	Area Warden (As Directed)	0811802906 08174702985 0818718924 0818704759
Drew Lambert Andreas Stokowy John Brindley Jeff Tuttle	Assembling Area Marshal (As Directed)	0811802906 08174702985 0818718924 0818704759

## EXTERNAL EMERGENCY SERVICES

EMERGENCY SERVICES	CONTACT DETAILS
POLICE	112
FIRE BRIGADE	118
AMBULANCE	113
SOS INTERNATIONAL PT. Asih Eka Abadi, Jl. Puri Sakti No 10, Cipete, Jakarta 12410	+62-21-750.6001 +62-21-750.5980
GLOBAL ASSISTANCE AND HEALTHCARE Jl. Pattimura No. 15, Kebayoran Baru Jakarta 12110	+62-21- 725.8115 +62-21- 725.7962
PONDOK INDAH HOSPITAL Jl. Metro Duta kav. UE, Pondok Indah, South Jakarta 12310	+62-21 769.2272 +62-21-765.7525
FATMAWATI HOSPITAL Jl. RS Fatmawati, Cilandak, South Jakarta, 12430	+62-21-766.0552
MARINIR CILANDAK HOSPITAL Jl. Raya KKO Cilandak, Pasar Minggu	+62-21-780.5415 +62-21-780.5296





## HS-20 BOMB THREAT CHECKLIST

<b>Person Receiving the Call</b> <i>Nama Penerima Telepon</i>	
<b>Date and Time of Call</b> <i>Tanggal dan Jam Penerimaan Telepon</i>	

<b>Caller Identity / Identitas Penelpon</b> <input type="checkbox"/> Male / Pria <input type="checkbox"/> Female / Wanita <input type="checkbox"/> Adult / Dewasa <input type="checkbox"/> Juvenile / Anak-Anak Estimate Age / Umur Kira-Kira :	<b>Origin of Call / Asal Sambungan Telepon</b> <input type="checkbox"/> Local / Lokal <input type="checkbox"/> Long Distance / Interlokal <input type="checkbox"/> Booth / Telp. Umum <input type="checkbox"/> Internal / Intern <input type="checkbox"/> Unknown / Tidak Diketahui
<b>Voice Characteristic / Karakter Suara</b> <input type="checkbox"/> Loud / Nyaring <input type="checkbox"/> Soft / Lembut <input type="checkbox"/> Deep / Dalam <input type="checkbox"/> Raspy / Serak <input type="checkbox"/> High Pitch / Tinggi <input type="checkbox"/> Slurred / Ditelan <input type="checkbox"/> Other / Lain-lain.....	<b>Accent / Logat Bicara</b> <input type="checkbox"/> Local / Lokal <input type="checkbox"/> Regional / Daerah ..... <input type="checkbox"/> Foreign / Asing ..... <input type="checkbox"/> Other / Lain-lain.....
<b>Speech / Cara Bicara</b> <input type="checkbox"/> Fast / Cepat <input type="checkbox"/> Slow / Lambat <input type="checkbox"/> Nasal / Sengau <input type="checkbox"/> Lisp / Datar <input type="checkbox"/> Distinct / Jelas <input type="checkbox"/> Distorted / Kacau <input type="checkbox"/> Fluent / Lancar <input type="checkbox"/> Stammering / Gagap <input type="checkbox"/> Other / Lain-Lain.....	<b>Grammar / Tatabahasa</b> <input type="checkbox"/> Excellent / Prima <input type="checkbox"/> Good / Bagus <input type="checkbox"/> Fair / Sedang <input type="checkbox"/> Poor / Jelek <input type="checkbox"/> Confusing / Kacau <input type="checkbox"/> Other / Lain-Lain.....
<b>Manner / Sopan Santun</b> <input type="checkbox"/> Angry / Marah <input type="checkbox"/> Calm/ Tenang <input type="checkbox"/> Deliberate / Tenang <input type="checkbox"/> Emotional / Emosional <input type="checkbox"/> Coherent / Masuk akal <input type="checkbox"/> Other / Lain-Lain.....	<input type="checkbox"/> Rational / Rasional <input type="checkbox"/> Irrational / Mengacau <input type="checkbox"/> Righteous / Bijak <input type="checkbox"/> Laughing / Tertawa <input type="checkbox"/> Incoherent / Tidak Masuk Akal
<b>Background Noise / Suara Latar Belakang</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Factory / Pabrik      <input type="checkbox"/> Trains / Kereta Api  <input type="checkbox"/> Music / Musik      <input type="checkbox"/> Typing / Mesin Ketik  <input type="checkbox"/> Airplanes / Pesawat      <input type="checkbox"/> Party / Pesta  <input type="checkbox"/> Sea / Laut      <input type="checkbox"/> Weather / Cuaca         </div> <div style="width: 48%;"> <input type="checkbox"/> Machinery / Mesin      <input type="checkbox"/> Animals / Binatang  <input type="checkbox"/> Quiet / Sepi      <input type="checkbox"/> Crowded / Ribut  <input type="checkbox"/> Office / Kantor      <input type="checkbox"/> Street / Jalan  <input type="checkbox"/> Other / Lain-Lain.....         </div> </div>	
<b>Exact Words of The Caller / Kata-Kata si Penelpon Setepatnya</b>	
<b>Details of the Device / Rincian Dari Bom</b>	
When will the device go off? <i>Kapan bom akan meledak ?</i>	
Where is it located? <i>Dimana bom tersebut diletakkan ?</i>	
What does it look like ? <i>Ciri-ciri bom tersebut ?</i>	
What type of device is it ? <i>Jenis apakah bomb tersebut?</i>	
Why did you place the device? <i>Mengapa anda memasang bom tersebut ?</i>	
Who are you? <i>Siapakah anda ?</i>	



## HS-21 TRAINING AREA ASSESSMENT

Design and Placement			
Ser	Statement	Option	Remarks
1	Sharp edges are protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Concrete construction is protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Iron construction is protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Glass-based construction is protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Metal-based construction is protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Metal tools are protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Wooden tools are protected and/or minimum of 1.5 meters from the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Safe-walking area is available around the training area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Safe-walking area is minimum of 50 cm wide.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mattress			
Ser	Statement	Option	Remarks
8	Slippery.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Most likely to cause scrape on falls.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Small objects exist on the mattress.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Marks exist on the edges.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Sufficient space for movement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	



UTAMAKAN KESEHATAN DAN  
KESELAMATAN

## HS-22 TRAINING CONDUCT ASSESSMENT

Warm-Up and Stretching			
Ser	Statement	Option	Remarks
1	Warm-up/stretching is conducted before every training session.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Sufficient warm-up/stretching time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Appropriate warm-up/stretching before specific training material.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
New Members			
Ser	Statement	Option	Remarks
1	Instructor provides additional attention to new members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	New members are briefed before the training starts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training Program			
Ser	Statement	Option	Remarks
1	Training material is scheduled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Training material is scheduled in gradual difficulty level.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Main Lesson			
Ser	Statement	Option	Remarks
1	Sufficient spacing among participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	



UTAMAKAN KESEHATAN DAN  
KESELAMATAN

2	Preliminary lessons are retrained before more advanced training material.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Reckless participants are warned and, if neglected, are given disciplinary action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Personal Protection</b>			
<b>Ser</b>	<b>Statement</b>	<b>Option</b>	<b>Remarks</b>
1	Appropriate Personal Protection is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Appropriate Personal Protection is worn properly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cooling Down</b>			
<b>Ser</b>	<b>Statement</b>	<b>Option</b>	<b>Remarks</b>
1	Cooling Down is conducted after every training session.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Sufficient cooling down time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	