

1.5 CPD/PDP
(BEM Approved PDP Hours)
Ref. No.: IEM18/SWAK/150/T



Talk on “Overview of Occupational Safety & Health (OSH) Legislations and General Duties of Architects, Engineers and Designers”

Date : 15th April 2018 (Sunday)
Time : 5.30pm – 6.30pm
Venue : Seminar Room 2, Hills Shopping Mall, Kuching
Speaker : Lawrence C.F. Lee

Introduction

Introduction to Occupational Safety & Health

- a) Overview of Factories and Machinery Act 1967
- b) Overview of OSHA 1994
- c) General Duties of Architects, Engineers and Designers

Objectives

- 1) To create Awareness and understanding on the existing Occupational Safety & Health (OSH) Legislation in Malaysia
- 2) To highlight on the general duties and legal obligations of Architects, Engineers and Designers in the Construction Industry.

Biodata of the Speaker

Mr. Lawrence C.F. Lee

- MBA from Open University Malaysia (2010)
- Executive Diploma in Occupational Safety & Health from Open University Malaysia (2006)
- Diploma in Business Administration from Institute of Business Administration, Melbourne (1976)

PROGRAMME

7.00pm – 7.10pm	Registration
7.10pm – 8.00pm	Talk on “Overview of Occupational Safety & Health (OSH) Legislations and General Duties of Architects, Engineers and Designers”
8.00pm	End

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REGISTRATION FORM

Fees

<i>IEM Member</i>	<i>RM20.00</i>
<i>Non IEM Member</i>	<i>RM30.00</i>

Closing Date for Registration & Payment: 13th April 2018, Friday (not later than 5:00pm)

To: Secretariat
The Institution of Engineers Malaysia (Sarawak Branch)
No. 16, Jalan Bukit Mata Kuching
93100 Kuching
Tel: (082) 428 506 Facsimile: (082) 243 718
E-mail: iemsarawak@gmail.com Website: www.iemsarawak.org

For the purpose of BEM-approved CPD/PDP hours, all IEM Members must provide their registration number.

No.	Name(s) in CAPITALS	Email Address	IEM No.	Fee (RM)
Total				

Enclosed herewith, a crossed cheque no.: _____ for the sum of RM _____ issued in favour of ***“IEM (Sarawak Branch)”*** or ***Direct Bank in to The Institution of Engineers Malaysia (Sarawak Branch), Standard Chartered Bank, Account No. 420-1-5651-8528.*** Kindly fax us your payment slip for direct bank-in and quote our reference when making payment. I/We understand that the fee is not refundable for no-show/cancellation after my/our registration (is) is/are accepted but substitution of participant(s) will be allowed. The Organizer reserves the right to cancel, alter or change the programme due to unforeseen circumstances. Every effort will be made to inform the registered participants of any changes.

Name of Department/Organization: _____

Address: _____

Tel (0): _____ Fax: _____ E-mail: _____

Contact Person: _____ Designation: _____

Date: _____

Signature: _____

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