



PART A





جابتن كرجا راي

JABATAN KERJA RAYA
KEMENTERIAN PEMBANGUNAN
NEGARA BRUNEI DARUSSALAM



PROJECT TITLE	
TENDER NO.	

TENDERER'S PROJECT SAFETY AND HEALTH PLAN DOCUMENT DECLARATION

1. I, _____ (Name), representing _____ (Company Name), hereby declare that we have reviewed and understood all requirements stated in the checklist for the Project Safety and Health Plan (PSH) document.
2. We acknowledge that submission of all required documents listed in the checklist is a prerequisite for tendering. We fully understand that failure to provide any mandatory documents may result in disqualification from the tendering process and rejection from award consideration.
3. For any documents that require later submission, we commit to providing them to the best of our ability upon award. Additionally, we acknowledge our responsibility to update and maintain the accuracy of the submitted documents throughout the contract duration, ensuring that they remain relevant and aligned with the project's evolving work activities and safety and health requirements.
4. We confirm our commitment to upholding the highest standards of workplace safety in accordance with the project's requirements and Workplace Safety and Health Act Chapter 277.

Signature : 

Authorised

Representative Name :

Designation :

Company :

Date :



COMPANY STAMP



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PROJECT DESCRIPTION

Instruction: Fill in the below information. The rows which are applicable can be added to tailor to the project (refer Guideline 4.1)

PROJECT TITLE			
LOCATION			
PROJECT DURATION	WEEKS/MONTHS/YEARS	START DATE	END DATE
CLIENTS			
ARCHITECT			
CONSULTANT			
MAIN CONTRACTOR			

PROJECT SAFETY AND HEALTH PLAN REVIEWS	
Prepared by: (Workplace Safety and Health Officer/Coordinator)	Reviewed & Approved by: (Project Manager)
	
Date:	Date:

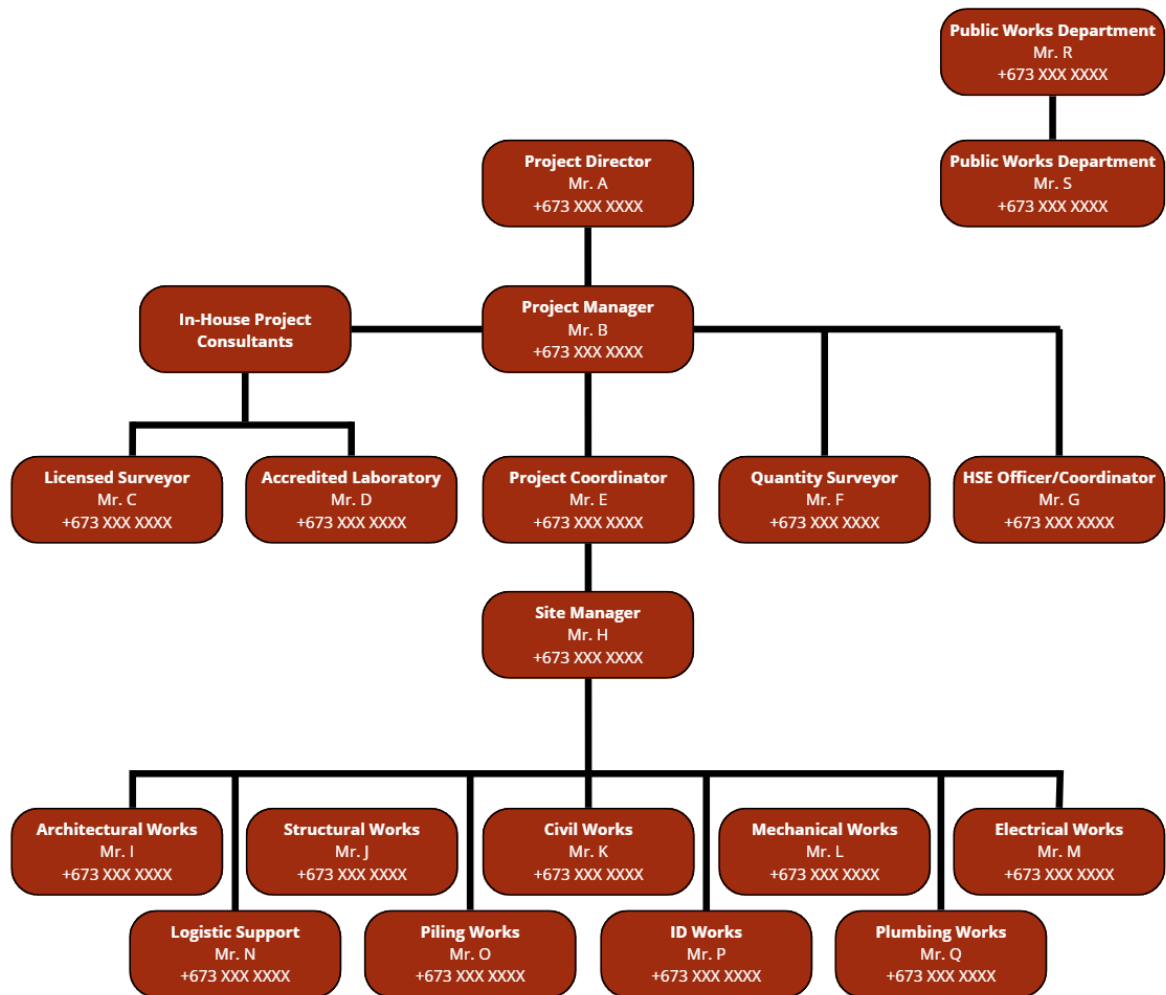
1. PROJECT MANAGEMENT ORGANISATION CHART WITH CONTACT DETAILS

To include contact details of Officer In-Charge (OIC) from Public Works Department.

*Instruction: Fill in the name, phone number and email address of project team members.
The rows which are applicable can be added to tailor to the project.*

NO.	DESIGNATION	NAME	PHONE NO.	EMAIL ADDRESS
1	Officer In-Charge (PWD Officer)			
2	Consultant			
3	Project Manager			
4	Project Engineer			
5	Safety and Health Officer/Coordinator			
6	Site Supervisor			
7				
8				
9				
10				
11				
12				
13				
14				
15				

Example:

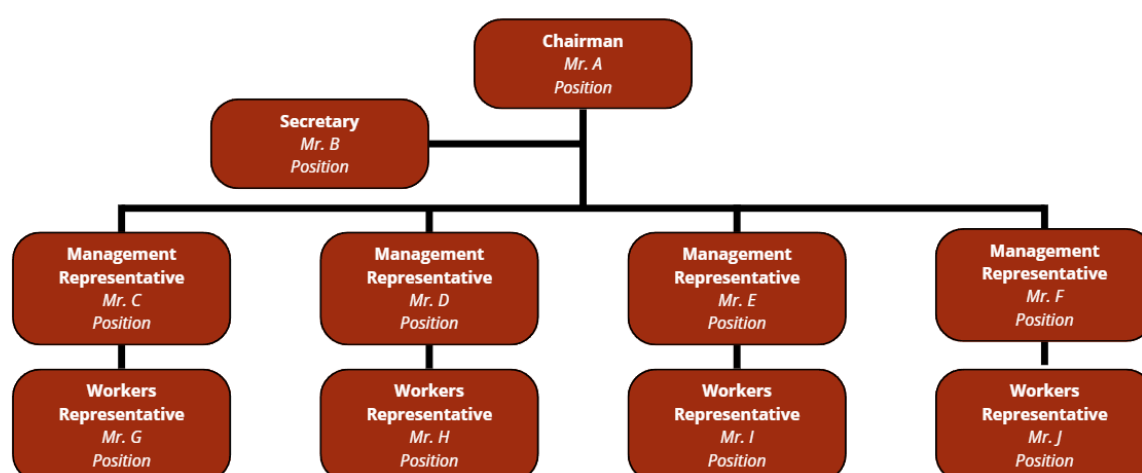


2. WORKPLACE SAFETY AND HEALTH COMMITTEE (SHC) ORGANISATION CHART

The establishment of Workplace Safety and Health Committee (SHC) shall comply with Workplace Safety and Health (Workplace Safety and Health Committees) Regulations, 2014. If applicable, please fill in the name and position of Workplace Safety and Health Committee Members and to include flowchart. The rows for management representatives and employee's representative can be added. If not applicable, write 'NA' in column NAME only and skip 2.1.

*Note: Refer **Regulation 6b**; employees' representative \geq management representative*

NO.	NAME	POSITION	MEMBERSHIP
1			Chairman
2		WSH Officer/Coordinator	Secretary
3			Management Representative
4			Management Representative
5			Employee Representative
6			Employee Representative



2.1 WORKPLACE SAFETY AND HEALTH COMMITTEE (SHC) ACTIVITY PLAN

Instruction: Please prepare a plan for the committee to execute their functions at project site. Add rows for more activities and add columns for additional weeks (W) or months (M).

ACTIVITIES	ACTION BY	M1/W1							
Site Inspection									
Promotion Program									
Meeting									
Toolbox Talk									
Discussion on current SHENA publications									

3. WORKPLACE SAFETY AND HEALTH OFFICER (WSHO) / WORKPLACE SAFETY AND HEALTH COORDINATOR (WSHC)

To submit copy of WSHO/WSHC Registration with SHENA and List of Duties and Responsibilities.

Instruction: Please attach a copy of the following documents.

3.1 COPY OF CERTIFICATE OF APPROVAL FROM SHENA (WORKPLACE SAFETY AND HEALTH CO-ORDINATOR)


CERTIFICATE OF APPROVAL
(Section 33 (3) of the Workplace Safety and Health Order, 2009)

This is to certify that the Safety, Health and Environment National Authority (SHENA) has approved

NAME: XXXXXXXX

IC/PASSPORT: XX-XXXXXX

To act as Workplace Safety and Health Co-Ordinator under Section 32 (C) of the Workplace Safety and Health Order, 2009

DATE OF ISSUE: 02-JAN-2023

EXPIRY DATE: 01-JAN-2025

For Safety, Health and Environment National Authority (SHENA)

Reference Number: SHENA/WSHC/XXX/2023 (N)

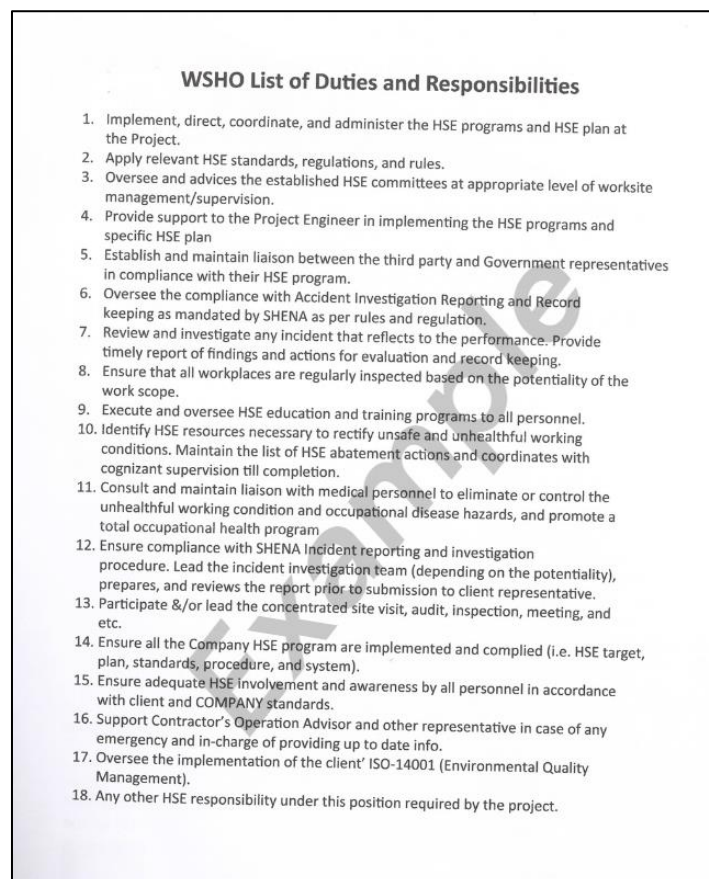


CERTIFICATE IS NOT TRANSFERABLE

3.2 COPY OF CERTIFICATE OF APPROVAL FROM SHENA (WORKPLACE SAFETY AND HEALTH OFFICER)



3.3 LIST OF DUTIES AND RESPONSIBILITIES REFER REQUIREMENTS OF WORKPLACE SAFETY AND HEALTH OFFICER & WORKPLACE SAFETY AND HEALTH COORDINATOR (2022/IGN/02(01))



3.4 Safety and Health-Related Scope of Work Checklist for WSH Officer & Co-Ordinator. Refer the job scope of WSHO/WSHC issued by any current NTI by completing ANNEX B (currently 2023/NTI/14);



اوتوریتی سیٹھان کسلامن
کھیتھن. دن عالم سکیتھ
Safety, Health and Environment
National Authority

SAFETY AND HEALTH-RELATED SCOPE OF WORK CHECKLIST FOR WSH OFFICER & CO-ORDINATOR

(in reference to Pages 6 & 7 of Industry Guidance Note (IGN):
The Requirements of Workplace Safety and Health Officer & Workplace Safety
and Health Co-Ordinator [2022/IGN/02 (01)])

NO.	JOB SCOPE	YES	NO	N/A
1	Understand the legal requirements associated with the work activities carried out at the workplace.			
2	Review, develop and engage workplace safety and health policies, plans and manuals , according to the work activities			
3	Develop and implement safe work practices and procedures required in the work activities, for example, permit-to-work systems, job hazard analysis, etc.			
4	Develop and execute training programmes for personnel at the worksite as seen relevant to the work activities, for example, safety and health training for specific job activity, safety health training awareness for supervisors and workers, competency training for skilled workers, etc.			
5	Facilitate and participate in group meetings to discuss the safety and health of the work activity, for example, workplace safety and health committee meetings, toolbox talk meetings, safety briefings, management meetings, etc.			
6	Develop and execute procedures for incident reporting, dangerous occurrences and investigation processes in the workplace including incident investigation and root cause analysis.			
7	Develop safety and health in-house rules within the workplace premise, for example, safety signage, observation process and practices to uphold intervention culture, personal protective equipment requirements according to activity, etc.			

8	Promote safety and health culture at the workplace through sharing sessions such as daily toolbox talks, safety and health inductions, safety campaigns, etc.			
9	Conduct safety and health audits/inspections in the workplace.			
10	Develop and execute maintenance regimes for the workplace such as hand tools, plant, machinery and equipment including emergency preparedness equipment schedule, servicing and maintenance procedures as well as records.			
11	Develop and implement a reasonable system for evaluation, selection and control of contractors .			
12	Conduct effective hazard identification and risk management in the workplace including risk assessment and documentation.			
13	Establish onsite and offsite emergency preparedness in the workplace including identification of different emergency situations, emergency plans, the establishment of emergency response personnel, conduct emergency drills/exercises, and first aid programmes.			
14	Manage the control of movement and use of hazardous substances as applicable in the workplace.			
15	Socialise SHENA's Legislation, Approved Code of Practice, Notes to Industry, Industry Guidance Notes and Notices as well as other relevant publications to the workforce.			
16	Implement SHENA self-assessment checklists, for example, the Construction Self-Assessment Checklist, etc. or in-house checklists to ensure legal compliance on safety and health requirements in the workplace.			
17*	Participate in the review of Safety Cases development and verification of its implementation within the COMAH (Control of Major Accident Hazards) facilities [as applicable for WSH Officer who is working within COMAH facilities].			

4. DESIGN OF PLANT AND TEMPORARY STRUCTURES

- To submit copy of Design of Plant and Temporary Structures (Refer PWD OSH Spec 1.3) and
- To provide copy of proposed "Site Layout Plan" or
- "Temporary Work Zone" (Road/Road Side Works) of the worksite (Refer to MOD HSE Manual).

Instruction: Please attach the copy of below documents. If the project will use any plant or temporary structure as stated in 4.2, please attach the copy of endorsed design by a Qualified Person (QP) or Professional Engineer (PE).

4.1 Site Layout Plan / Temporary Work Zone (TWZ)

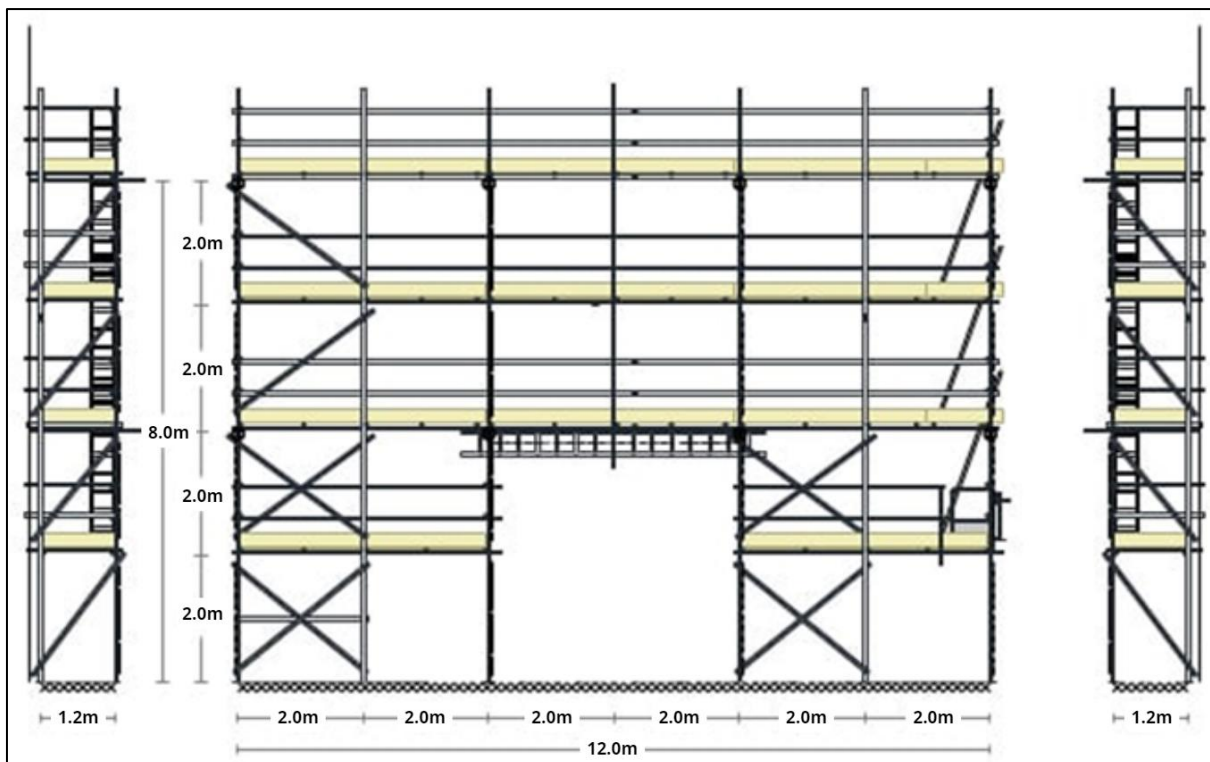
Example:



4.2 Design of Plant and Temporary Structures

- ☐ Formwork and support system;
- ☐ Scaffolding;
- ☐ Catch platform;
- ☐ Construction rubbish/debris disposal chute;
- ☐ Runways and ramp used by vehicles;
- ☐ Support for stability of structure where adjoining area to be excavated or piled;
- ☐ Loading platform;
- ☐ Material and passenger hoist;
- ☐ Gondola;
- ☐ Tower crane foundation.

Example:




5. RECORD OF MEDICAL CHECK-UP

For personnel who are involved in high risk activities, such as Crane Operators, Working at Height, Working in Confined Space and other activities instructed by S.O.

Instruction: Please fill in name of workers and his/her medical check-up status if they involve in the following activities only and attach a copy of record/result. Add rows for more workers. Type 'NA' if not applicable.

NO.	NAME	IC/PASSPORT NO.	NATIONALITY	CURRENT POSITION	GOVERNMENT MEDICAL STATUS	REMARKS
1	Mr. A	xx-xxxxxx	Bangladesh	Crane Operator	Fit to Work	
2	Mr. B	xx-xxxxxx	Bangladesh	Working at Height	Fit to Work	
3	Mr. C	xx-xxxxxx	Bangladesh	Working in Confined Space	Fit to Work	
4	Mr. D	xx-xxxxxx	Bangladesh	Tunneling Operation	Fit to Work	
5	Mr. E	xx-xxxxxx	Bangladesh	Other Activities	Fit to Work	



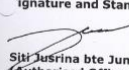
MINISTRY OF HEALTH, BRUNEI
Health Screening Centre (Berakas)
Medical Certificate

Patient ID : BN-XXXXXX NRIC : XXXXXXXX Gender : Male Encounter ID : C-XXXXXX Encounter Date : 12/05/2022 17:19 Encounter Type : Outpatient	Patient Name : Mr. A Date Of Birth : 12/05/2022 Age : 30 Specialty : Occupational Health Issuing Practitioner : Dr. A. B. C.
---	--

Medical Fitness Certificate
This is to certify that:

Name: Mr. A
 Date of Birth: 12/05/2022
 Employer: ABC Company
 is:


FIT TO WORK

Signature and Stamp:  Date: 12/05/2022

This certificate is valid until **12/05/2024**

(Provided that the applicant's health status remains the same during this period)

Authorized By : Dr. A. B. C.	Print Date / Time : 14/05/2022 10:11
------------------------------	--------------------------------------



5/14/2022

6. RECORD OF SAFETY AND HEALTH TRAINING

To list down all training include external and in-house training.

Instruction: Training plan shall include site induction, toolbox talk, emergency and other training related to work activities such as working at height, confined space and electrical safety. List of training plan can be added accordingly. Please attach Training Matrix.

6.1 Training Plan

NO.	COURSE TITLE	PLAN DATE and/or FREQUENCY OF TRAINING
1	Site Induction	Example: Every 6 months
2	Toolbox Talk	Daily
3	Emergency Training <ul style="list-style-type: none">• Firefighting Program• Emergency Response Plan	
4	Other Training <ul style="list-style-type: none">• Working at Height• Electrical Safety	

PROGRAMS	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5
Induction					
Safety Toolbox					
Fire Fighting					
First Aid					
Working at Height					

6.2 Employees Training Matrix

Table A

NAME	CURRENT POSITION	INDUCTION		WORKING AT HEIGHT		PPE		HOUSEKEEPING		POWERED HAND TOOLS	
Employee A		√	20/06/24	√	21/06/24	√	22/06/24	√	22/06/24	√	23/06/24
Employee B		√	20/06/24	√	21/06/24					√	23/06/24
Employee C						√	22/06/24			√	23/06/24
Employee D		√	20/06/24	√	21/06/24	√	22/06/24	√	22/06/24	√	23/06/24

Table B

NAME	CURRENT POSITION	FIRST AID		FIRE FIGHTING		PPE		SHENA/SHC /004		SHENA/SHC/ 005	
Employee XX	First Aider	√	10/06/24			√	22/06/24				
Employee YY	Fire Marshal			√	10/06/24	√	22/06/24				
Manager	Project Manager					√	22/06/24	√	22/06/24	√	10/06/24
Supervisor	Project Supervisor							√	22/06/24	√	10/06/24

7. EMERGENCY RESPONSE PLAN (PREPAREDNESS, RESPONSE AND EVACUATION)

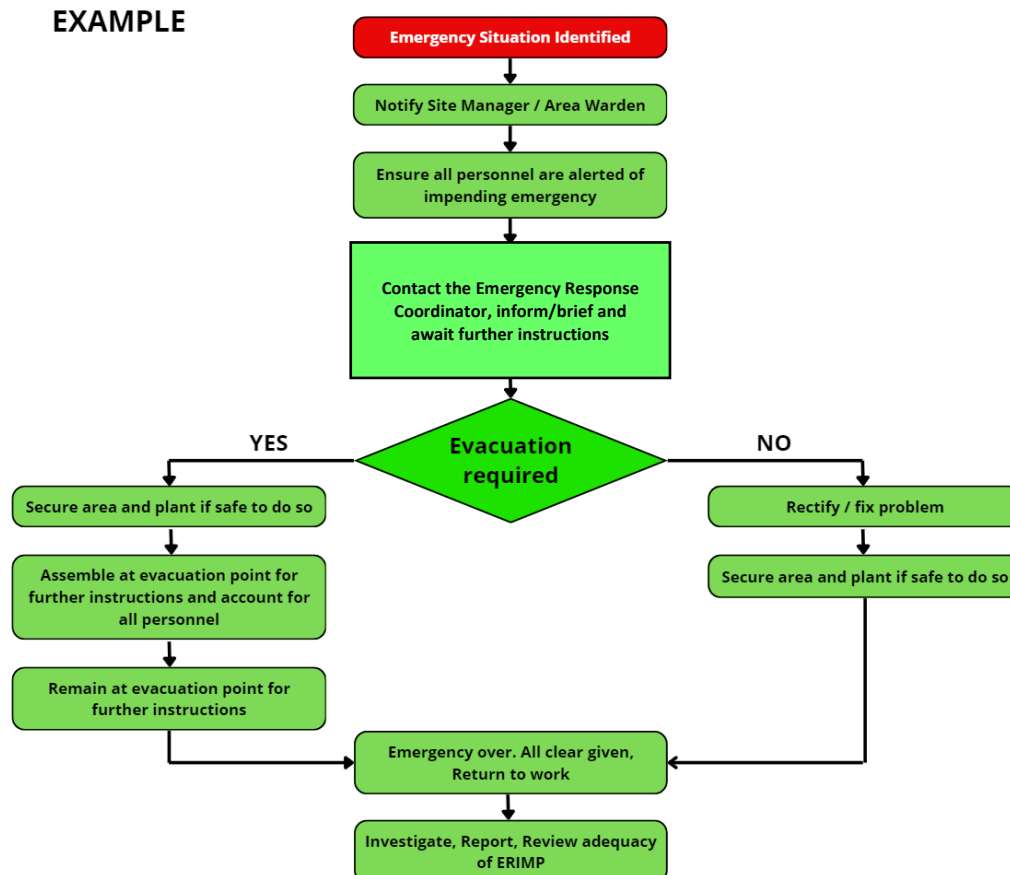
- To setup Emergency Response Team accordingly to the project site.
- To attach ERP (Emergency Response Plan) which is specifically developed for the project.
- To plan training and drill for ERP

Instruction: Please indicate types of emergencies could happen at project site in 7.1 and establish all relevant emergencies procedure as indicated in 7.2. Attach information of ERT and their training certificates. Attach Site Evacuation Plan in and indicate location of Assembly Points, First Aid Facilities and Fire Fighting Equipment. Fill up information in 7.5 and 7.6 accordingly. List of first aid facilities and fire fighting equipment can be added.

7.1 Types of Emergencies

	Fire		Natural Disaster
	Medical		Animal Attack
	Flood		Adverse weather
	Chemical Spillage / Toxic Release		Other:

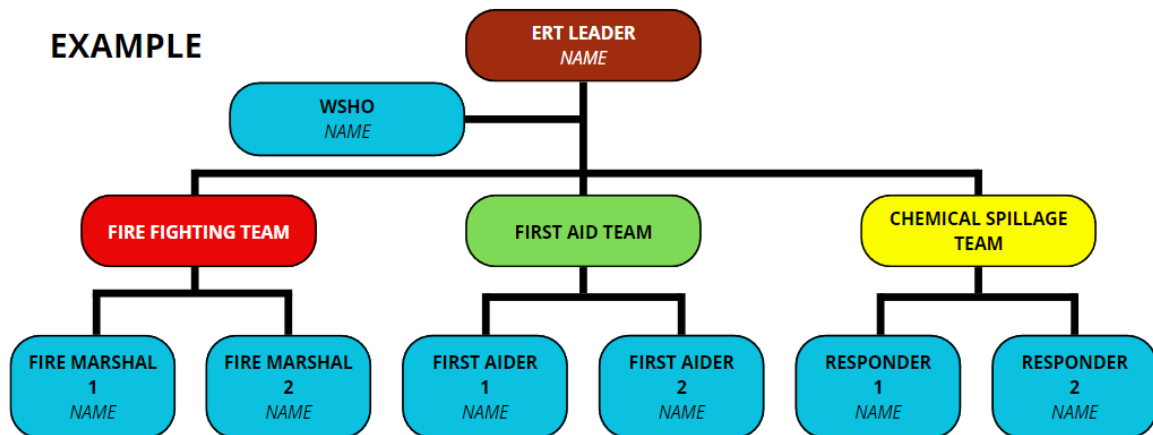
7.2 Procedure EXAMPLE



7.3 Emergency Response Team & Contact Number

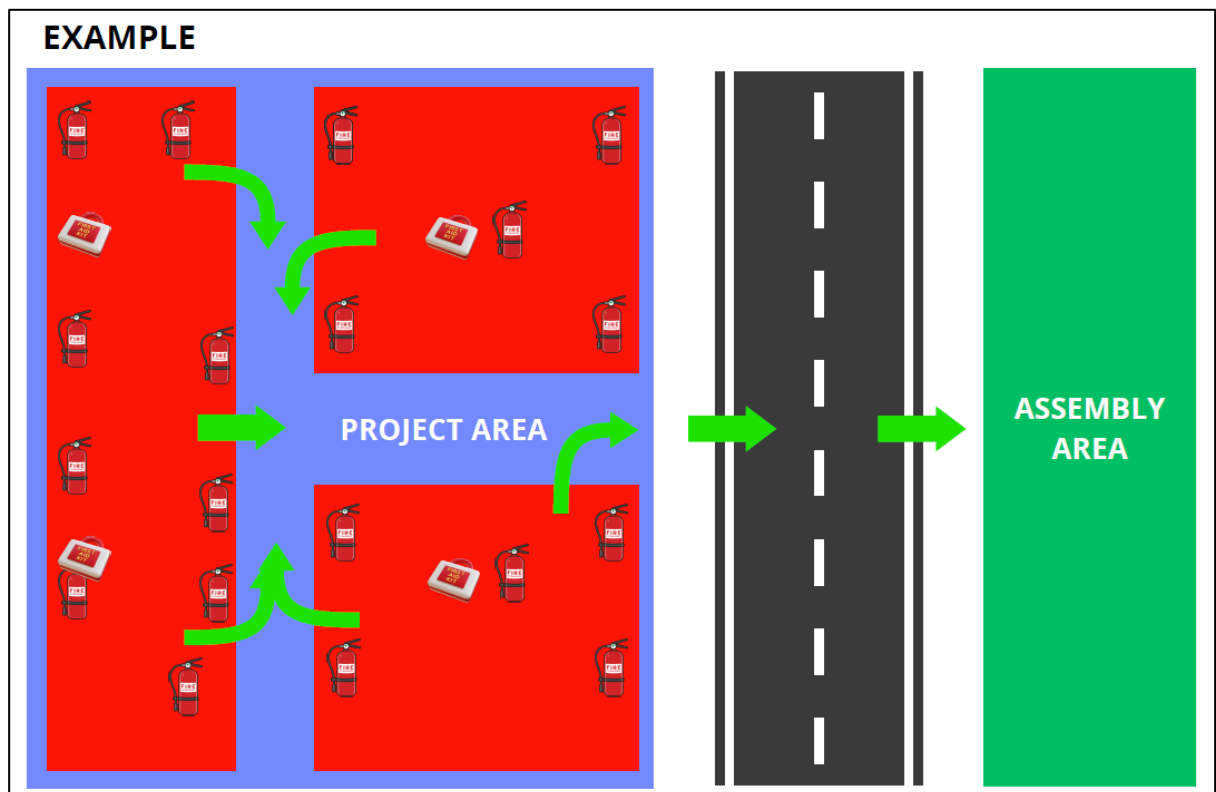
(Please attach copy of training certificates)

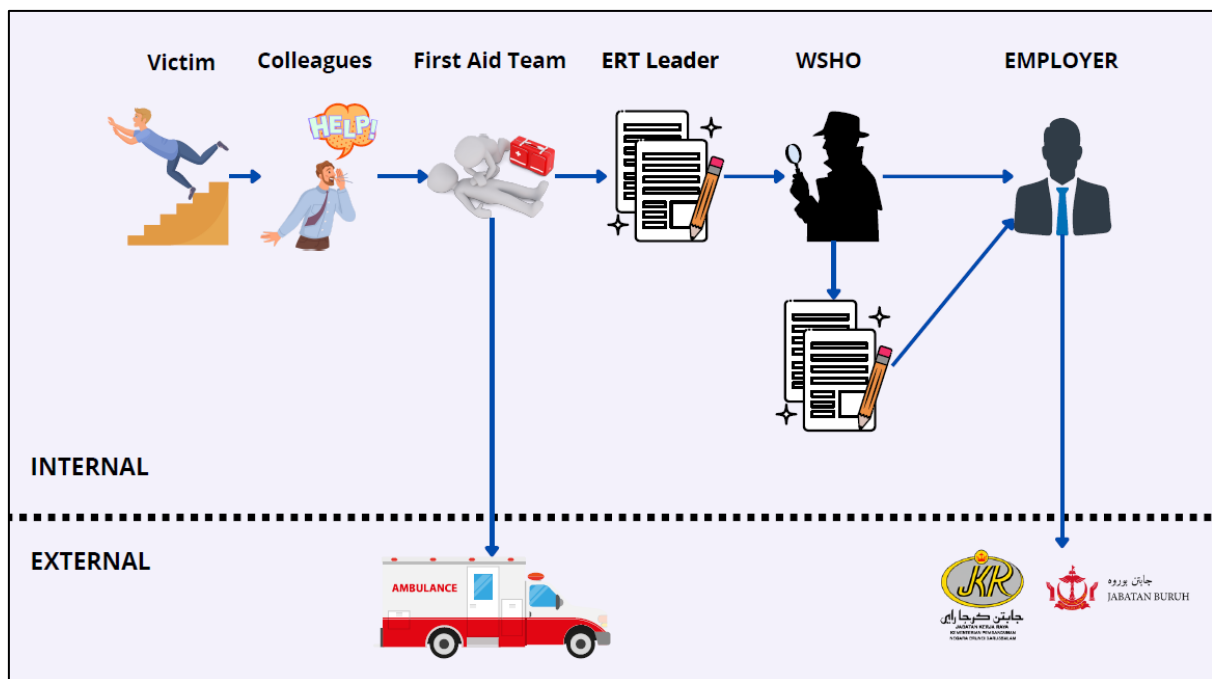
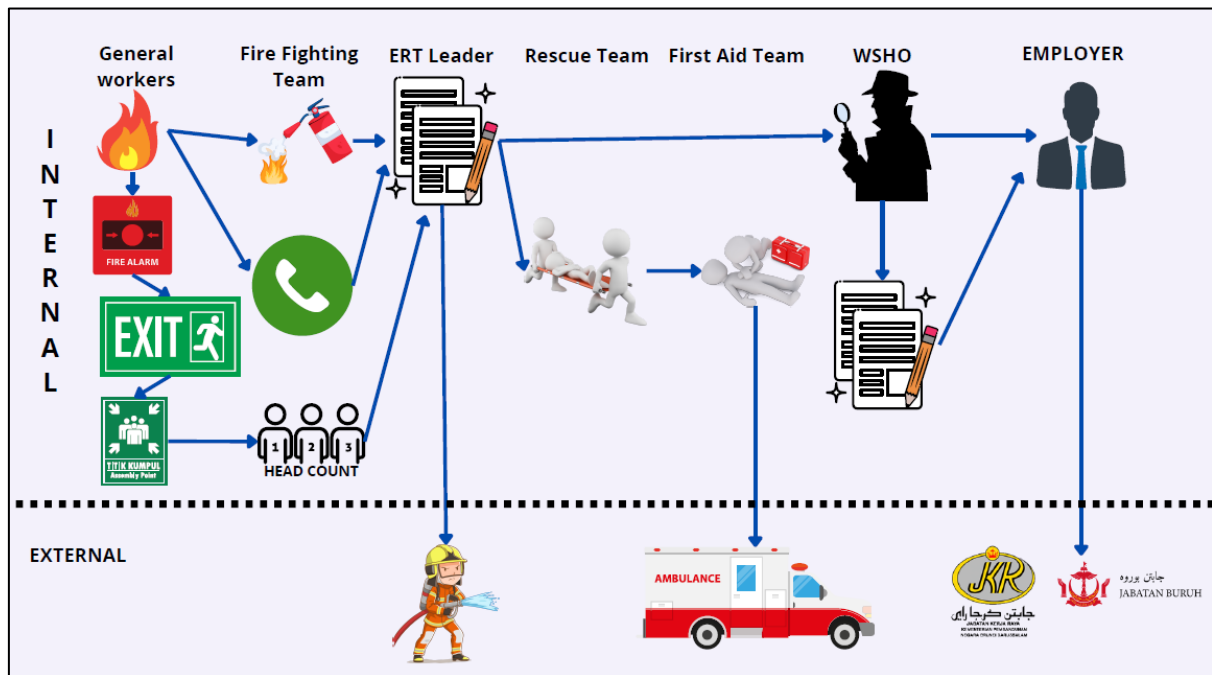
EXAMPLE



7.4 Site Evacuation Plan

EXAMPLE





7.5 First Aid Facilities

Example:

Total number of first aid room : 1

Total number of first aid box : 3

ITEMS	LOCATION	EXPIRY DATE	PERSON IN-CHARGE
First Aid Room A			
First Aid Box 1			
First Aid Box 2			
First Aid Box 3			

7.6 Fire Fighting Equipment

Example:

Total number of fire extinguisher : 4

LIST	TYPE	LOCATION	NEXT INSPECTION DATE	PERSON IN-CHARGE
Fire Extinguisher 1				
Fire Extinguisher 2				
Fire Extinguisher 3				
Fire Extinguisher 4				

8. HAZARDS IDENTIFICATION, RISK ASSESSMENT AND RISK CONTROL (INCLUDE PPE) or JOB SAFETY ANALYSIS (JSA)

- To provide list of work activities.
- To provide HIRARC through Risk Assessment Form for specific activities of the project.
- To be **endorsed by Project Manager**.
- To comply with WSHO 2009 & its Regulations.

*Instruction: Please attach list of work activities. The work activities to be listed should neither too big (building construction) nor too small (open valve). For each listed activity, please attach **APPROVED** risk assessment.*


8.1 List of Activities

List down all work activities / job activities
Example: working at height, excavation etc.

8.2 Risk Assessment of Each Activity


Example:

No.	Hazards <i>What are the hazards?</i>	Impact and Consequence <i>Who might be harmed and how?</i>	Current Controls <i>What are already done?</i>	Severity	Likelihood	Risk Ranking (P,A,E,R)	Additional Control and Mitigation Measures <i>What needs to be done to eliminate or reduce impact of the risk?</i>	Severity	Likelihood	Residual Risk	Recovery Measures <i>What is needed to return to normal situation from the consequence?</i>
						0				0	
1	Fall from Height	fatality broken body part	safety harness with lanyard	5	2	10	provide safe working platform			0	First Aid Rescue Team
2	Falling Objects	head and body injury	helmet , safety shoes	4	2	8	install toe board install safety net			0	First Aid Rescue Team
3	Heat stress	fitting	Rest Area	2	2	4	Advise workers to drink a lot of water			0	First Aid Room
4						0				0	
5						0				0	
						0				0	
Overall						3	Overall				0

REVIEWED BY	VERIFIED BY	APPROVED BY
		
		Project Manager

Example of JSA

SEQUENCE OF EVENTS	POTENTIAL ACCIDENTS OR HAZARDS	PREVENTIVE MEASURE
Park Vehicle	<ol style="list-style-type: none"> 1. Vehicle too close to passing traffic. 2. Vehicle on uneven, soft ground. 3. Vehicle may roll. 	<ol style="list-style-type: none"> 1. Drive to area well clear of traffic. Turn on emergency flashers. 2. Choose a firm, level parking area. 3. Apply the parking brake; leave transmission in PARK; place blocks in front and back of the wheel diagonally opposite to the flat.
Remove Spare and Tool Kit	Strain from lifting spare.	Turn spare into upright position in the wheel well. Using your legs and standing as close as possible, lift spare out of truck and roll to flat tire.
Pry Off Hub Cap and Loosen Lug Bolts (Nuts)	<ol style="list-style-type: none"> 1. Hub cap may pop off and hit you. 2. Lug wrench may slip. 	<ol style="list-style-type: none"> 1. Pry off hub cap using steady pressure. 2. Use proper lug wrench; apply steady pressure slowly.

REVIEWED BY	VERIFIED BY	APPROVED BY
		
		Project Manager

9. SAFETY AND HEALTH PERFORMANCE MONTHLY REPORT (OBJECTIVES AND TARGETS)

- Provide HSE Objectives and Targets described in the plan.
- Recommended to set the HSE Objectives and Targets using SMART (Specific, Measurable, Achievable, Realistic, Timely).
- Too add proactive targets as well. For example: 90% compliance of HSE Inspection and Audits (include Manhour Without Lost Time Injury – MLTI)

*Instruction: Please list Objectives or Key Performance Indicator (KPI) specifically for the project include targets of each objectives or KPI. The list should include **proactive** and **reactive** objectives or KPI. The number of rows and columns can be added according to the project. For monthly report submission to OIC, please update each objective achievement accordingly.*

Example

	TARGET	JAN – NOV 2025											
REACTIVE KPI		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	TOTAL
MLTI	e.g. 11520												
TOTAL RECORDABLE ACCIDENT	≤3												
LOST TIME INJURY (LTI)													
FATALITY													
OCCUPATIONAL DISEASES	≤1												
FIRST AID CASE	≤1												
ENVIRONMENTAL INCIDENT	0												
NEARMISS INCIDENT	≤5												
PROPERTY DAMAGE	≤ 5												
PROACTIVE KPI		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	TOTAL
SHC MEETING	QUARTERLY												
SENIOR MANAGEMENT SITE VISIT	WEEKLY												
HSE INTERNAL AUDIT	MONTHLY												
EMERGENCY RESPONSE PLAN	2 PER YEAR												
EMERGENCY PREPAREDNESS DRILLS	1 PER YEAR												
HEALTH PROGRAMME	1 PER YEAR												
ENVIRONMENTAL PROGRAMME	1 PER YEAR												
SAFETY PROGRAMME	5 PER YEAR												

10. DETAILS OF SITE SAFETY AND HEALTH INFORMATION BOARD

To describe the location and the contents of the Information Board (HSE information includes Emergency Contact Details, HSE Performance, HSE Programs and others)

Instruction: Please attach the picture or diagram of Site safety and Health Information Board to be provided at site in 10.1. Refer guideline for the content of Site Safety and Health Information Board. If the project is not at construction site, please provide Site Safety and Health Information Board at office. Please state the location of the Safety and Health Information Board in 10.2.

10.1 Content

Example

SAFETY AND HEALTH INFORMATION BOARD				
SAFETY AND HEALTH POLICY	SAFETY AND HEALTH OBJECTIVES, TARGETS AND PERFORMANCE	SAFETY AND HEALTH COMMITTEE	PROGRAM	SITE RULES
EMERGENCY CONTACTS	WORKING AT HEIGHT	ACCIDENT CASE	TRAINING INFORMATION	SITE EVACUATION PLAN

10.2 Location



11. PROCEDURE OF NOTIFICATION AND REPORTING OF NEAR MISS, ACCIDENT AND DANGEROUS OCCURRENCE

- To comply with WSHO 2009 & its Regulations (please refer to Incident Reporting Regulations 2014).
- Specific procedure including flow chart to notify and report of incident to PWD and SHENA (please refer to www.shena.gov.bn) and other authorities.

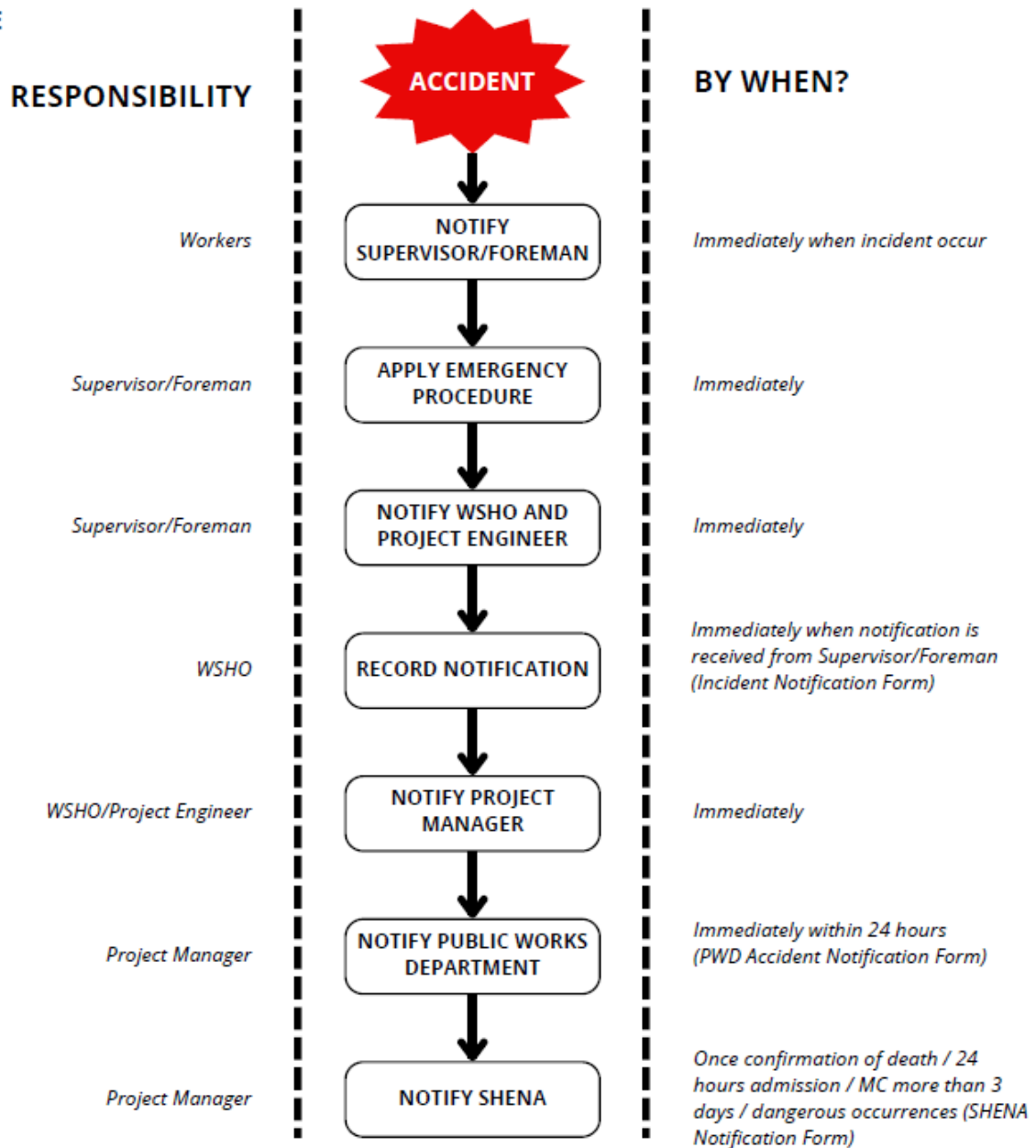
Instruction: Please write the name of responsible person under column Responsibility in 11.1. The Position and name can be edited according to project team. Please attach the flow chart of this procedure in 11.2.

11.1 Procedure

NO	STEPS/PROCEDURES	RESPONSIBILITY	WHEN?	OUTPUT
1	Notify Supervisor/Foreman	Workers	Immediately when incident occur	
2	Apply emergency procedure (7.2)	Supervisor/Foreman "NAME"	Immediately	
3	Notify WSHO and Project Manager	Supervisor/Foreman "NAME"	Immediately	
4	Record notification and collect information	WSHO/WSHC "NAME"	Immediately when notification is received from Supervisor/Foreman	Incident Notification Form
5	Notify Project Manager and advise for reporting to PWD and SHENA	WSHO/Project Engineer "NAME"	Immediately	
6	Instruct WSHO to notify PWD and conduct internal investigation	Project Manager "NAME"	Immediately within 24 hours	PWD Accident Notification Form
7	Instruct WSHO to notify SHENA and conduct internal investigation	Project Manager "NAME"	Once confirmation of death/24hr admission/MC more than 3 days/dangerous occurrences	SHENA Notification Form

11.2 Flow Chart

EXAMPLE



12. FIRST AID FACILITIES (INCLUDE LIST OF FIRST AIDER)

To provide the list of trained First Aider of the project minimum 2 persons and first aid facilities list should include the validity and location detail.

(Refer 7.5)

Example

LIST	LOCATION	EXPIRY DATE	PERSON IN-CHARGE
First Aid Room A	Site Office (Lobby)		Mr. A
First Aid Box 1	Labour Quarters		Mr. B
First Aid Box 2	Project Team A		Mr. C
First Aid Box 3	Project Team B		Mr. D

List of First Aiders:

NO	FIRST AIDER	CONTACT NO
1.	First Aider 1	
2.	First Aider 2	
3.		

13. LIST OF FIRE FIGHTING EQUIPMENT

To list down location and types of fire fighting equipment to be provided on site. Especially at Site Office/Labour Quarters/Hot Work Activities.

(Refer 7.6)

Example

LIST	TYPE	LOCATION	EXPIRY DATE	PERSON IN-CHARGE
Fire Extinguisher 1	ABC Dry Powder	Site Office (Lobby)		Mr. E
Fire Extinguisher 2	CO2	Site Office (Lobby)		Mr. F
Fire Extinguisher 3	ABC Dry Powder	Generator 1		Mr. G
Fire Extinguisher 4	ABC Dry Powder	Welding Work Area		Mr. H