



SAFETY PERMIT FOR IIUM EVENT (SPIE)

OCCUPATIONAL SAFETY, HEALTH AND BUILT ENVIRONMENT (OSHBE) DEPARTMENT

2. Document Checklists

The listed documents are compulsory and must be attached together to this form:

No.	Item	Tick
1	Copy of approved programme proposal - Details of event, tentative, details of activities, time(s), location(s), etc.	
2	Organising Committee - Detail allocation of responsibilities; event organiser, head marshal/chief steward, health officer, fire safety officer, etc.	
3	Layout of the programme's location - Location of the event, key facilities, assembly area, etc.	
4	Emergency plan - Evacuation procedures, emergency contact number, first aid plan (competent first aider, first aid kit), etc.	
5	Confirmation of participant's insurance coverage	
6	Participant's health declaration form (Appendix I) - Kindly photocopy Appendix I according to the number of participants. <u>Each participant is required to fill in the form</u>	
7	Indemnity letter - For programme within IIUM campuses , kindly photocopy Appendix II according to the number of participants. <u>Each participant is required to fill in the form</u> - Please refer to <u>Appendix III for programme outside IIUM campuses.</u>	
8	Copy of competency certificate (if applicable):	
	• First Aider	
	• Scaffolder	
	• Life Saver	
	• Malim Gunung	
	• Others (if any)	
9	Copy of certificate trained person for high-risk / recreational activities (i.e. flying fox, rock climbing, etc.).	
10	Copy of approval letter from OSeM (if applicable)	

Others (if any):

11		
12		
13		
14		
15		



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Requested by	Checked by
<p>..... PROGRAMME MANAGER (Signature)</p> <p>Name:</p> <p>Date:</p>	<p>..... OFFICER-IN-CHARGE (Signature and Official Stamp)</p> <p>Name:</p> <p>Date:</p>

Recommended by	Approved by
<p>..... DEAN/DIRECTOR/HOD/PRINCIPAL (Signature and Official Stamp)</p> <p>Name:</p> <p>Date:</p>	<p>..... DIRECTOR OSHBE (Signature and Official Stamp)</p> <p>Name:</p> <p>Date:</p>

This SPIE has been appropriately checked, however, the programme/event organiser is responsible for the health, safety, and welfare of people attending your programme/event, as well as that of employees, contractors, and subcontractors working at the programme/event. This document is intended to disseminate guidance and good practice. No responsibility can be accepted by the author or its contributors for any inaccuracies or omissions. OSHBE Department is not liable for any unplanned accident or damages caused by the organizer.



HEALTH DECLARATION FORM

OCCUPATIONAL SAFETY, HEALTH AND BUILT ENVIRONMENT (OSHBE) DEPARTMENT

For the health and safety of all participants, please fill-up this form that will require you to declare any illness. Be sure that the information you provide is accurate and complete. All the information declared in this form aid in providing a safe environment throughout the program/event.

A. Personal Information	
Name	
Matric/Staff/ID No.	
Contact No.	
Email	

B. Medical History	
1. Have you ever suffered from	
Asthma	Heart disease
High or low blood pressure	Shortness of breath
Epilepsy	High cholesterol
Allergy	Headaches or migraine
Diabetes	Neurological problem
Frequent colds	Psychiatric illness
Dizziness or fainting	None of the above
2. Have you had surgery in the last two years?	3. Do you take any medications?
Yes	Yes
If Yes, details:	If Yes, details:
No	No

C. Measurement of Blood Pressure (BP) and Pulse Rate (PR)	
Blood pressure	
Pulse rate	
Chest	

I hereby declare that all the information in this form is correct and to the best of my knowledge. I acknowledge and accept the responsibilities under this declaration pursuant to the relevant laws and regulations should I conceal any health condition. I understand that all the information given will be kept confidential.

Signature of participant:

Date:



INDEMNITY FORM

WAIVER OF LIABILITY, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT FOR PROGRAMME WITHIN IIUM CAMPUSES

OCCUPATIONAL SAFETY, HEALTH AND BUILT ENVIRONMENT (OSHBE) DEPARTMENT

In consideration of my participation in the programme, I
..... (Name), (Matric/Staff/ID
no.) hereby guarantee the organiser, IIUM, and whoever may be concerned free and harmless from
any consequences including any causes of action resulting from personal injury, loss, or illness I might
suffer from the (Name of
programme/event).

I acknowledge that my participation in this program may result in personal injury to myself due to the
endurance nature of the programme, the inherent risks associated, and in varying weather conditions.

I fully accept these risks.

I hereby agree to all the terms and conditions of the liability waiver and risk assumptions above.

Signature of participant:

Date:



INDEMNITY FORM

WAIVER OF LIABILITY, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT FOR PROGRAMME OUTSIDE IIUM CAMPUSES

OCCUPATIONAL SAFETY, HEALTH AND BUILT ENVIRONMENT (OSHBE) DEPARTMENT

In consideration of participant's participation in the programme, I
..... (Name of Organiser),
..... (IC No.) hereby guarantee IIUM and whoever may be concerned free
and harmless from any consequences including any causes of action resulting from personal injury,
loss, or illness participants might suffer from the
..... (Name of programme/event).

I acknowledge that this programme may result in personal injury to the participants due to the
endurance nature of the programme, the inherent risks associated, and in varying weather conditions.

I fully accept these risks.

I hereby agree to all the terms and conditions of the liability waiver and risk assumptions above.

Signature of organiser:

Date: