



SURVEY ON SITE SAFETY SUPERVISOR (SSS) COURSE

Dear Employer of MBAM SSS Participant,

Thank you for taking part in the Survey. This survey is important for MBAM to continuously develop and improve on our SSS Course and also future education and training programmes.

We would appreciate your kind co-operation to complete and return this questionnaire to MBAM.

Please fax to 03-7982 6811 or email to mbam14@mbam.org.my

MBAM SSS Participant Details

Name of Company: _____
Name of SSS Participant: _____
SSS Registration No: MBAMSSS/ _____

Please choose your answer (tick ✓)

1 Is the above named SSS participant still under your employment?

Yes No

2 Has the named participant obtained his DOSH Yellow Book?

Yes No

3 Did your company give any forms of rewards after he/she attended and passed the Course?

Yes:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | increased in monthly pay |
| <input type="checkbox"/> | increased in year end bonus |
| <input type="checkbox"/> | special lump sum of cash incentives |
| <input type="checkbox"/> | increased in monthly allowance |
| <input type="checkbox"/> | Other, please state _____ |

No

4 Did the participant's job performance/productivity, increased after attending the above training?

A lot Much Better Slightly better Same

5 Do you think the SSS Course has helped your company to enhance the Occupational Safety & Health level?

A lot Much Better Slightly better Same

6 Does your company require/plan to recruit more SSS?

Yes: _____ pax No

7 How do you rate the SSS Course conducted by MBAM :

Please rate these items on a scale of 1 to 4, with 1 being Extremely Dissatisfied and 4 being Extremely Satisfied

| | 1 | 2 | 3 | 4 |
|---|-------------------------------|------------------------------|------------------|----------------------------|
| | <i>Extremely Dissatisfied</i> | <i>Somewhat Dissatisfied</i> | <i>Satisfied</i> | <i>Extremely Satisfied</i> |
| Course Content/Syllabus | | | | |
| Assessment Method | | | | |
| Paper 1 (Module Based - Assessment after completion of each module) | | | | |
| Paper 2 (Practical exam at project site) | | | | |
| Course Duration | | | | |
| Total 8 days | | | | |
| Fulltime (8-days continuous) | | | | |
| Weekend (Sat & Sun) | | | | |
| Training Venue/Location | | | | |
| Others: _____ | | | | |

8 What are the other safety related training/courses that you wish MBAM to conduct? *(Please tick v)*

- | | |
|-----------------------------|---------------------------------|
| (a) Designated Person _____ | (f) HIRARC _____ |
| (b) OSHCIM _____ | (g) OSHMS _____ |
| (c) SHO _____ | (h) Internal SAFETY Audit _____ |
| (d) MEWPs _____ | (i) Others: _____ |
| (e) SHASSIC _____ | |

Submitted by:

Signature: _____

Name: _____

Position: _____

Contact no: _____

Email: _____

** Please use separate Survey Form for every SSS Participant*