



SURVEY ON SITE SAFETY SUPERVISOR (SSS) COURSE

Dear 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 future education 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

Name of Company: _____

Name of SSS Participant : _____

SSS Registration No: _____

MBAMSSS/ _____

1 Do you still work with the same company (when you registered for the SSS course)?

Yes

No

2 If no, please advise whether you are still working in the construction industry or not?

Yes

No

(Please state which industry) _____

3 Have you obtained your DOSH Yellow Book?

Yes

It took _____ months for me to receive my Yellow Book

No

4 Did your company gave you any form of reward after you have attended and passed the SSS Course?

Yes:

increased in monthly pay

increased in year end bonus

special lump sum of cash incentives

increased in montly allowance

Other, please state _____

No

5 Does the attending the SSS Course increased your knowledge in Occupational Safety & Health?

A lot

Much Better

Slightly better

Same

6 Does the attending the SSS Course helped in your daily works and increased your job performance?

A lot

Much Better

Slightly better

Same

7 How do you rate these items on the SSS Course conducted by MBAM?

	1	2	3	4
	<i>Extremely Dissatisfied</i>	<i>Somewhat Dissatisfied</i>	<i>Satisfied</i>	<i>Extremely Satisfied</i>
Course Content/Syllabus				
Course Duration				
Total 8 days (8.30am-6.00pm)				
Fulltime (8-days continuous)				
Weekend (Sat & Sun)				
Trainers				
Teaching Methods				
Assessment Methods				
Paper 1 (Module Based - Assessment after completion of each module)				
Paper 2 (Practical exam at project site)				
Lunch & Refreshment				
Others: _____				

8 What are the other safety related training/courses that you wish MBAM to conduct to further enhance of your career development? *(Please tick v)*

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

9 Please provide suggestions on how to improve our future events.

Submitted by:

Signature: _____

Name: _____

Position: _____

Contact no: _____

Email: _____