



JABATAN LAUT MALAYSIA  
 IBU PEJABAT LAUT  
 PETI SURAT 12, JALAN LIMBUNGAN  
 42007 PELABUHAN KLANG  
 SELANGOR DARUL EHSAN  
 Tel : 03-3346 7777 Email : [upsl@marine.gov.my](mailto:upsl@marine.gov.my)

**PERMOHONAN PEGAWAI DAN SYARIKAT PEMERIKSA (MEDICINE CHEST)**  
**APPLICATION FOR INSPECTOR AND INSPECTION COMPANY (MEDICINE CHEST)**

**BAHAGIAN A : MAKLUMAT PEMOHON**  
**SECTION A : APPLICANT INFORMATION**

Nama (spt dalam KP)  
*Name (as stated on the IC)*

No. Kad Pengenalan  
*Identification Card No.*  Jantina\* L  P   
*Gender* M  F

Tempoh Berkhidmat Sebagai Ahli Farmasi  
 komuniti(Tahun)  
*Years of Experience as community Pharmacist (Years)*

No. Telefon  
*Telephone No.*

|                      |                      |                                 |                      |
|----------------------|----------------------|---------------------------------|----------------------|
| Rumah<br><i>Home</i> | <input type="text"/> | Tel. Bimbit<br><i>Handphone</i> | <input type="text"/> |
|----------------------|----------------------|---------------------------------|----------------------|

Emel  
*Email*

**BAHAGIAN B : MAKLUMAT SYARIKAT**  
**SECTION B : COMPANY INFORMATION**

Nama Syarikat  
*Company Name*

Alamat Penuh Syarikat  
*Company Full Address*

No. Telefon  
*Telephone No.*  No. Faks  
*Fax No.*

Emel

**BAHAGIAN C : DOKUMEN DIPERLUKAN**  
**SECTION C : REQUIRED DOCUMENT**

Sila lampirkan dokumen berikut :  
Please attach the following documents :

**DOKUMEN PEMOHON / APPLICANT DOCUMENTS**

Tick (✓)

|     |   |      |
|-----|---|------|
| 1.  | Foto (ukuran passport) / <i>Photo (passport size)</i>   |      |
| 2.  | Salinan Kad Pengenalan / <i>Copy Of Identification Card</i>   |      |
| 3.  | Taraf Pendidikan dalam bidang farmasi (Ijazah/Sarjana/PhD)<br><i>Level of Education (Degree/Master/PhD)</i>   |      |
| 4.  | Sijil Pendaftaran dengan Lembaga Farmasi Malaysia yang masih sah<br><i>Valid Malaysian Pharmacy Board (MPB) Certificate</i>   |      |
| 5.  | Umur tidak melebihi 50 tahun / <i>Age not exceeding 50 years old</i>  |      |
| 6.  | Sijil Kursus Familiarisasi (Pegawai Pemeriksa) Anjuran Jabatan Laut Malaysia<br><i>Certificate on Familiarization Course (Inspector) Conducted by Marine Department of Malaysia</i>   |      |
| 7.  | Sijil Latihan Kecemasan dari Yayasan Jantung Malaysia :<br><i>Emergency Training Certificate from Heart Foundation of Malaysia :</i><br>i) <i>Cardiopulmonary Resuscitation</i><br>ii) <i>Basic First Aid</i><br>iii) <i>Advance First Aid (Paramedic)</i><br>iv) <i>Emergency Medical Training (Injection &amp; Cannulation)</i>   | i)   |
|     |   | ii)  |
|     |   | iii) |
|     |   | iv)  |
| 8.  | Memiliki Pengalaman Melebihi lima (5) Tahun dalam farmasi komuniti.<br>(Lampirkan surat lantikan sebagai bukti)<br><i>Document Evidence obtain Experience More Than five (5) Years in Pharmacist's Communities (Letter of appointment as evidence to be attach)</i>   |      |
| 9.  | Memiliki Pengalaman Menjalankan Pemeriksaan Medicine Chest mengikut kategori pematuhan (Tanpa Had/Pesisiran Pantai) di atas jenis-jenis kapal berikut :<br>i) Kargo/Kontena<br>ii) RO – RO<br>iii) Penumpang/RO – RO Penumpang<br>(Dokumen disahkan dari syarikat pengendali pemeriksaan yang dilantik oleh Jabatan Laut)<br><i>Have Experience on Conducting Medicine Chest Inspection onboard various type of ships :</i><br>i) <i>Cargo/Container</i><br>ii) <i>RO – RO</i><br>iii) <i>Passenger / RO – RO Passenger</i><br>(Evidence to be verify by authorized inspection company approved by Marine Department of Malaysia )<br>iv) <i>Chemical Tanker</i><br>v) <i>Offshore Support Vessel</i> |      |
| 10. | Laporan pemeriksaan kesihatan yang terkini dari hospital/klinik<br><i>Latest medical check-up report from hospital/clinic</i>   |      |
| 11. | Berkhidmat secara sepenuh masa dan bersedia menjalankan pemeriksaan pada bila-bila masa<br>(Lampirkan surat deklarasi yang bertandatangan)<br><i>Served as full time inspector and available at any time to inspect vessel. (Attach signed declaration letter)</i>  |      |
| 12. | Surat tawaran bekerja dari syarikat pemeriksa yang diberi kuasa<br>(Surat tawaran bekerja yang asal dilampirkan)<br><i>Offer letter from authorized Inspecting company (Original offer letter to be attach)</i>   |      |

**BAHAGIAN D : KEPERLUAN SYARIKAT**  
**SECTION D : COMPANY REQUIREMENTS**

Tick (✓)

|    |  |  |
|----|--|--|
| 1. | <p>Mempunyai lesen A <b><u>jenis borong sahaja</u></b> yang sah dan melakukan Pembekalan ubatan menurut Akta racun 1952.<br/> (Lampirkan salinan lesen)<br/> <i>Supply of medicines in accordance with the Poison Act 1952 and valid wholesale license.</i><br/> <i>(Copy of license to attach)</i></p>  |  |
| 2. | <p>Pembekalan ubatan mengikut spesifikasi <i>Good Distribution Practice for Medical Devices (GDPMD)</i>.<br/> (Lampirkan sijil GDPMD yang telah didaftarkan)<br/> <i>Supply of medicines in accordance with the GDPMD.</i><br/> <i>(Certificate of GDPMD to attach)</i></p>  |  |
| 3. | <p>Mempunyai penasihat yang memiliki pengetahuan dalam bidang perkapalan diiktiraf oleh Jabatan Laut Malaysia.<br/> Kelayakan minima penasihat adalah <i>Chief Mate more than 3000GT on Near Coastal</i>.<br/> (Lampirkan surat tawaran kerja dan salinan COC. Salinan struktur organisasi syarikat yang menunjukkan jawatan pemohon)<br/> <i>Have marine advisor in company who familiar in the shipping field recognized by Marine Department of Malaysia.</i><br/> <i>Minimum requirement advisor is Chief Mate more than 3000GT on Near Coastal.</i><br/> <i>(Please produce signed offer letter and attach COC. Copy of company structure to indicate his/her position)</i></p> |  |
| 4. | <p>Menyediakan khidmat konsultasi perubatan 24 Jam kepada krew kapal berkenaan IMGS/IMDG.<br/> Kelayakan minima bagi tujuan <i>Radio Medical</i> adalah Pembantu Perubatan dan Ahli Farmasi.<br/> (Bukti gambar <i>radio station</i>/ Surat tawaran kerja / Salinan sijil)<br/> <i>Provide 24 Hours medical consultation service to ship's crew concerning IMGS/IMDG.</i><br/> <i>Minimum requirement for radio medical purpose is Medical Assistant and Pharmacist.</i><br/> <i>(Photo evidence of radio station/ Offer letter and letter of appointment of designated attending staff/Copy of certification of attending staff)</i></p>  |  |
| 5. | <p>Menyediakan latihan amali dan praktikal bagi tujuan penggunaan dan pemakaian IMGS. Latihan merangkumi pendispensan ubatan/penggunaan alatan /menghadapi kecemasan/pematuhan IMGS.<br/> (Bukti gambar menghadiri kelas/ Senarai tenaga pengajar dan kelayakan/ Lampirkan surat tawaran jawatan bagi tenaga pengajar)<br/> <i>Provide theory and practical training with regards to IMGS.Medicine dispensing/usage of medical equipment/attending emergency/IMGS compliance.</i><br/> <i>(Photo evidence of venue for training purpose/list down trainer and trainer qualification/Letter of appointment of trainer to be attach)</i></p>   |  |
| 6. | <p>Menyediakan perkhidmatan pemeriksaan serta pembekalan ubat pada bila-bila masa sebagaimana dipohon oleh Pemilik/Pengurus/Agan kapal.<br/> (Lampirkan deklarasi yang bertandatangan)<br/> <i>To provide service at anytime request by ship Owner/Owner Representative/Agent.</i><br/> <i>(Signed declaration to be attach)</i></p>   |  |

|     |  |  |
|-----|--|--|
| 7.  | <p>Mempunyai premis berdaftar yang terdiri dari pejabat, ruang latihan, stor ubatan ruang penyimpana sementara bagi tujuan pelupusan ubatan.<br/>         (Bukti bergambar/Kelulusan pihak berkuasa tempatan dan tujuan latihan/Kelulusan menjalankan latihan/Lampirkan pelan susunatur premis)<br/> <i>To have dedicated premise consist office, Training area, Medicine Store and temporary storage for disposal.</i><br/> <i>(Photo evidence/local approval by authority for disposal and traning purposes/Approval to conduct training/general arrangement plan of premise to be attach)</i></p> |  |
| 8.  | <p>Mempunyai sistem fail yang teratur dan tersedia untuk diaudit atau diperiksa oleh Jabatan Laut Malaysia pada bila-bila masa.<br/>         (Lampirkan bukti bergambar)<br/> <i>To have a proper filing system and ready for inspection by Marine Department of Malaysia at anytime.</i><br/> <i>(Photo evidence to be attach)</i></p>  |  |
| 9.  | <p>Mengadakan sistem pelupusan ubatan dan alatan yang mematuhi kepada garis panduan kementerian alam sekitar.<br/>         (Lampirkan surat pengesahan dari Jabatan Alam Sekitar dan penguatkuasa farmasi)<br/> <i>Service and facility to dispose of medicine and equipment as per Department of environment.</i><br/> <i>(Authorized letter for disposal of medicine by Department of Environment and pharmaceutical enforcer to be attach)</i></p>  |  |
| 10. | <p>Mempunyai proses kerja berkaitan pemeriksaan.<br/>         (Penerangan dan penyediaan bahan untuk tujuan pemeriksaan)<br/> <i>Have workflow process for inspection purposes.</i><br/> <i>(Brief and produce material on conducting inspection)</i></p>  |  |

**BAHAGIAN E : PENILAIAN**  
**SECTION E : ASSESSMENTS**

|    |  | <i>Pass*</i> | <i>Fail*</i> | <i>Remarks</i> |
|----|--|--------------|--------------|----------------|
| 1. | Pengetahuan berkenaan pematuhan dan keperluan IMGS 3 <sup>rd</sup> Edition/MLC 2006/IMDG Code/ MFAG/type of category/<br><i>Knowledge on compliance and needs concerning IMGS 3<sup>rd</sup> Edition/MLC 2006/IMDG Code/MFAG/type of category.</i>             |              |              |                |
| 2. | Pengetahuan berkenaan aspek keselamatan diatas kapal (ISPS Code, Muster Station, Arahan Kecemasan, Perhubungan Radio Komunikasi)<br><i>Knowledge on concerning safety onboard ship (ISPS Code, Muster Station, Emergency Instruction, Radio Communication)</i> |              |              |                |
| 3. | Pengetahuan berkenaan risiko-risiko bahaya diatas pelbagai jenis kapal dan cara menaiki kapal.<br><i>Knowledge on risk of dangers onboard various type vessel and boarding vessel.</i>   |              |              |                |

**BAHAGIAN F : PENGAKUAN**  
**SECTION F : AGREEMENT**

Saya dengan ini mengakui bahawa keterangan yang diberi adalah benar.  
*I hereby certify that the informations given are true.*

Tandatangan  
*Signature* :

Nama  
*Name* :

Tarikh  
*Date* :

Cop rasmi  
*Official stamp* :

**Nota:** \*Tandakan (v) yang berkenaan.

-Sila isikan semua bahagian kecuali **Bahagian C (Bil.6)** dan **Bahagian E**.

- Sila majukan (melalui pos atau emel) borang permohonan yang telah dilengkapkan beserta dokumen lampiran ke alamat seperti di atas untuk perhatian Unit Penilaian & Standard Latihan.

**Note:** \* Tick (v) whichever applicable.

-Please fill up all the section except **Section C (No.6)** and **Section E**.

- Please return (via mail or email) duly completed form with the documents attachment to the above mentioned address attention to Assessment & Training Standard Unit.