

COUNTRY REPORT



OCCUPATIONAL SAFETY & HEALTH IN INDONESIA

By Tomy Mismahendra

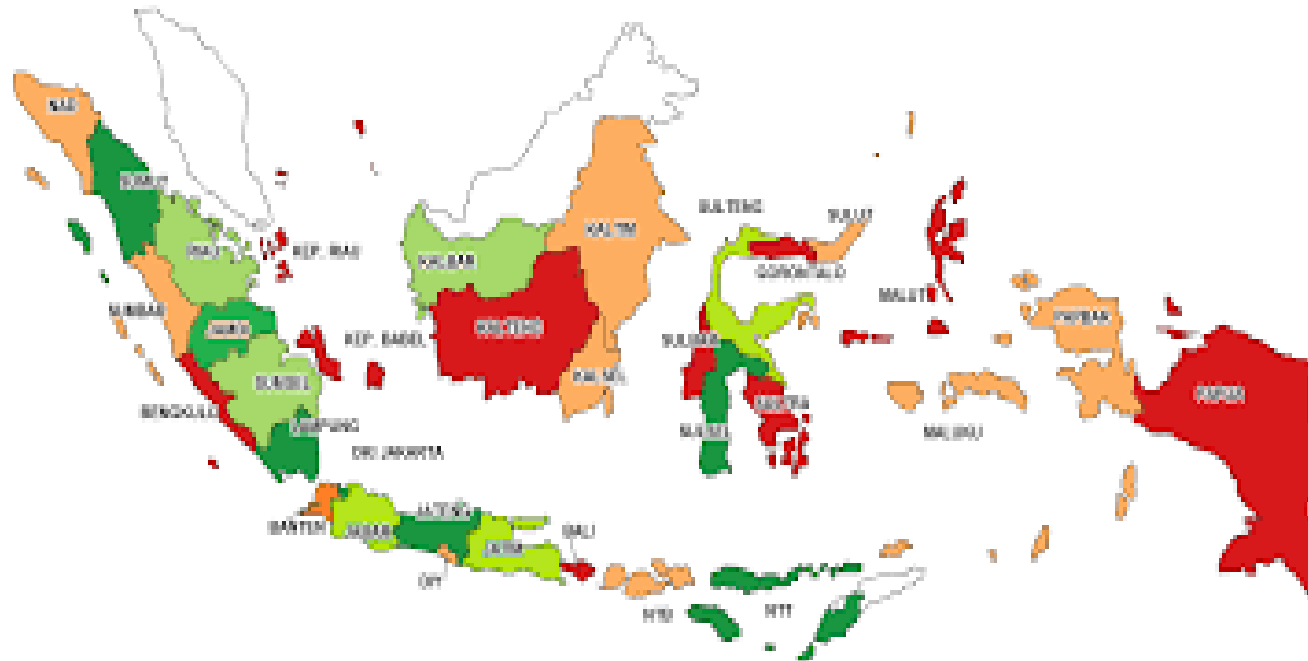
Agenda...

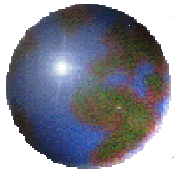
- introduction
- Indonesia OSH review
- OSH regulations and policy
- Government OSH campaign
- Gaps and Challenges
- Strategy to do





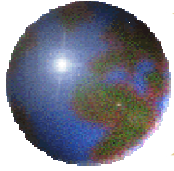
Map Of Indonesia



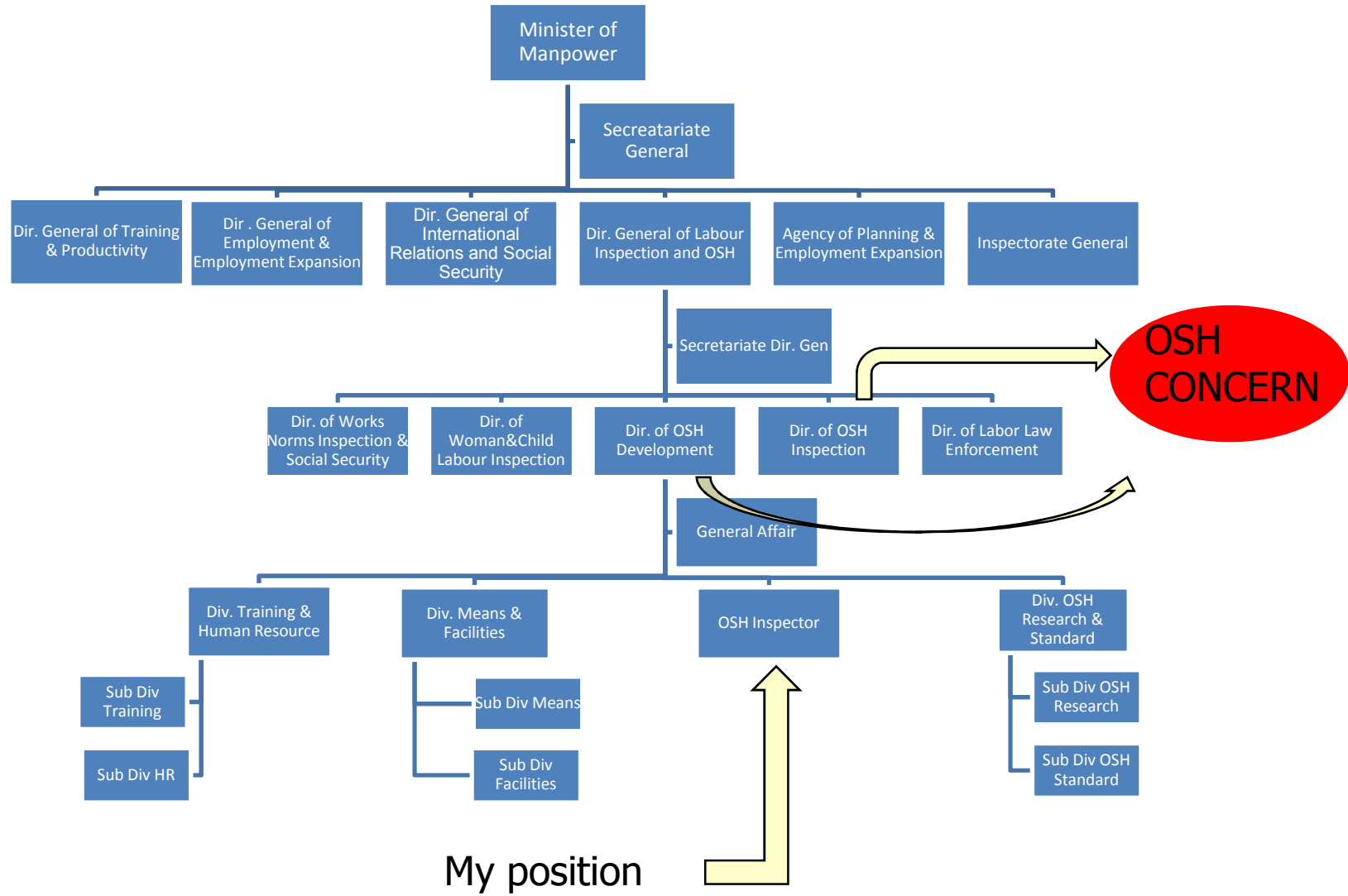


- Indonesia consists of :
 - ✓ The largest archipelago
 - ✓ more than 13000 islands (bali inside)
 - ✓ 5 main islands
 - ✓ in the Southeast Asia between the Indian and Pacific ocean
 - ✓ 34 province/governors
 - ✓ population more than 260 million
 - ✓ GDP total \$ 936.955 billion
 - perkapita \$ 3,620
 - ✓ In 2016, large enterprise 249.770
 - medium enterprise 1.801.991
 - small enterprise 18.928.427





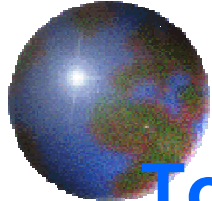
Structure and Organization of Minister of Manpower





***DIRECTORATE OF OCCUPATIONAL
SAFETY AND HEALTH INSPECTION***

DUTIES



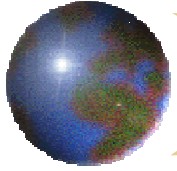
To formulate and implement the policies, standardization, and technical guidance and to conduct evaluation in the fields of labor norms inspection



Directorate of OHS Development

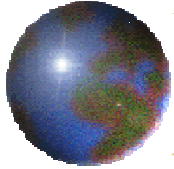


The function of Dir of OHS Development are conducting research, developing information and skill, information exchange (training), standardization and services in OSH



My duties

- ❖ to assess the OSH implementation in the enterprise / industry
- ❖ to give OSH services to the industry / enterprise, include measurement of chemical hazard ex. BTX in workplace, physical hazard ex. Noise, Vibration in WP
- ❖ to compose the Indonesia's National Standart (SNI)
- ❖ to compose the Threshold Limit Value for Hazard in the WP



Our Product

2 Gov. Act No 13/2011 TLV chemical/physical

SNI

Standar Nasional Indonesia

SNI 7231:2009

1 SNI

Metoda pengukuran intensitas kebisingan di tempat kerja



ICS 13.140

Badan Standardisasi Nasional



"Hak Cipta Badan Standardisasi Nasional. Copy standar ini dibuat untuk penayangan di website dan tidak untuk dikomersialkan"



MENTERI
TENAGA KERJA DAN TRANSMIGRASI
REPUBLIK INDONESIA

PERATURAN MENTERI TENAGA KERJA DAN TRANSMIGRASI
REPUBLIK INDONESIA

NOMOR PER.13/MEN/X/2011

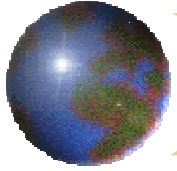
TENTANG

NILAI AMBANG BATAS FAKTOR FISIKA DAN FAKTOR KIMIA
DI TEMPAT KERJA

DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI TENAGA KERJA DAN TRANSMIGRASI REPUBLIK INDONESIA,

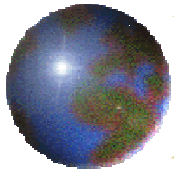
- Menimbang :
- a. bahwa sebagai pelaksanaan Pasal 3 ayat (1) Undang-Undang Nomor 1 Tahun 1970 tentang Keselamatan Kerja, perlu ditetapkan Nilai Ambang Batas Faktor Fisika dan Faktor Kimia di tempat kerja;
 - b. bahwa dalam rangka perlindungan tenaga kerja terhadap timbulnya risiko-risiko bahaya akibat pemaparan faktor bahaya fisika dan kimia, sekaligus meningkatkan derajat kesehatan kerja di tempat kerja sebagai bagian dari pemenuhan sistem manajemen keselamatan dan kesehatan kerja;
 - c. bahwa meningkatnya tuntutan di kalangan industri, praktisi dan asosiasi untuk memperbarui standar sesuai dengan standar internasional;
 - d. bahwa berdasarkan pertimbangan sebagaimana dimaksud dalam huruf a, huruf b, dan huruf c perlu ditetapkan dengan Peraturan Menteri;
- Mengingat :
- 1. Undang-Undang Nomor 1 Tahun 1970 tentang Keselamatan Kerja (Lembaran Negara Republik Indonesia Tahun 1970 Nomor 1, Tambahan Lembaran Negara Republik Indonesia Nomor 2918);
 - 2. Undang-Undang Nomor 13 Tahun 2003 tentang Ketenagakerjaan (Lembaran Negara Republik Indonesia Tahun 2003 Nomor 39, Tambahan Lembaran Negara Republik Indonesia Nomor 4279);
 - 3. Peraturan Presiden Nomor 21 Tahun 2010 tentang Pengawasan Ketenagakerjaan;
 - 4. Peraturan Menteri Tenaga Kerja dan Transmigrasi Nomor PER.02/MEN/1980 tentang Pemeriksaan Kesehatan Tenaga Kerja



Cont..



3. OSH SERVICE

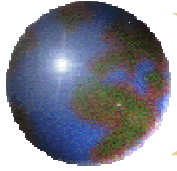


Recent OSH condition

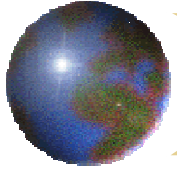
Workplace Accidents in period 2005 – 2011

Year	Accidents	Compensation (IDR billion)
2005	99,023	219,2
2006	90,071	196,5
2007	83,714	219,8
2008	93,823	296,4
2009	96,697	328,5
2010	98,711	401,2
2011	99,491	504,0

Jamsostek annual report 2011

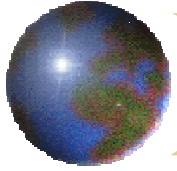


- The number and cost of occupational accidents in Indonesia have been increasing in recent years. The rising number of accidents reflect poor OSH awareness from the industry sectors and lack of OSH supervision by government



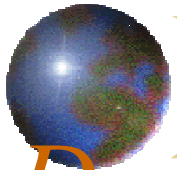
OSH regulations & policy

- The main law concerning OSH is the Work Safety Act (Law No.1, 1970)
- Indonesian Labor Law Government Act No. 13 of 2003
- Government Act No. 50 of 2012 OSH management system
- The National Social Security System Law No. 40 of 2004



Government OSH campaign

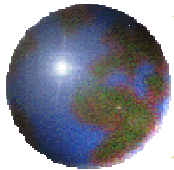
- ❖ National OSH month, which held on 12 January to 12 February each year
- ❖ National OSH Award for ZERO ACCIDENT enterprise each year
- ❖ Government funded SME'S OSH Inspection

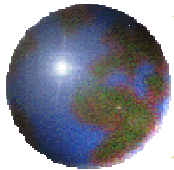


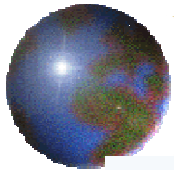
Documentary



Heru Haryono







Gaps & Challenges



Kementerian Ketenagakerjaan
Republik Indonesia



Rasio Beban Kerja Pengawas Ketenagakerjaan Dengan Jumlah Perusahaan Besar – Menengah - Kecil

Jumlah Perusahaan



249.770
Perusahaan
Besar



1.801.991
Perusahaan
Menengah



18.928.427
Perusahaan
Mikro Kecil

Jumlah Pengawas Ketenagakerjaan



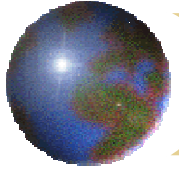
1953

Labor
Inspectors
Ketenagakerjaan



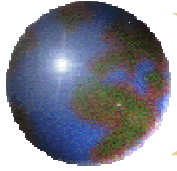
383

Civil Service Investigator



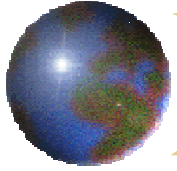
Gaps & Challenges

- ❖ Lack of OSH Supervision or Inspection from Government (huge gap between Labor Inspect vs Total Enterprise)
- ❖ Poor awareness of the implementation of Occupational Health and Safety (OSH) in enterprise.
- ❖ Most Indonesian Companies especially SME do not comply to existing OSH regulations
- ❖ Many companies in Indonesia consider OSH is a cost burden

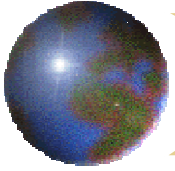


Probable Solutions

- Encourage the government to increase the number of inspectors in the Ministry of Manpower. This will increase supervision of companies and make it more effective; they can immediately respond when there are reports from unprotected workers who are concerned about their safety and health



- ❑ Increase companies awareness about the importance of OSH
- ❑ Initiate a campaign to educate workers, government and public that violation of OSH laws is a crime and should be punished.
- ❑ OSH services on monitoring and evaluation the potential hazard in the workplace for small and medium enterprises



Thank You ... Arigatou



IMPROVEMENT OF POLICY ON OCCUPATIONAL SAFETY AND HEALTH –
FROM POLICY DEVELOPMENT TO IMPLEMENTATION MEASURES

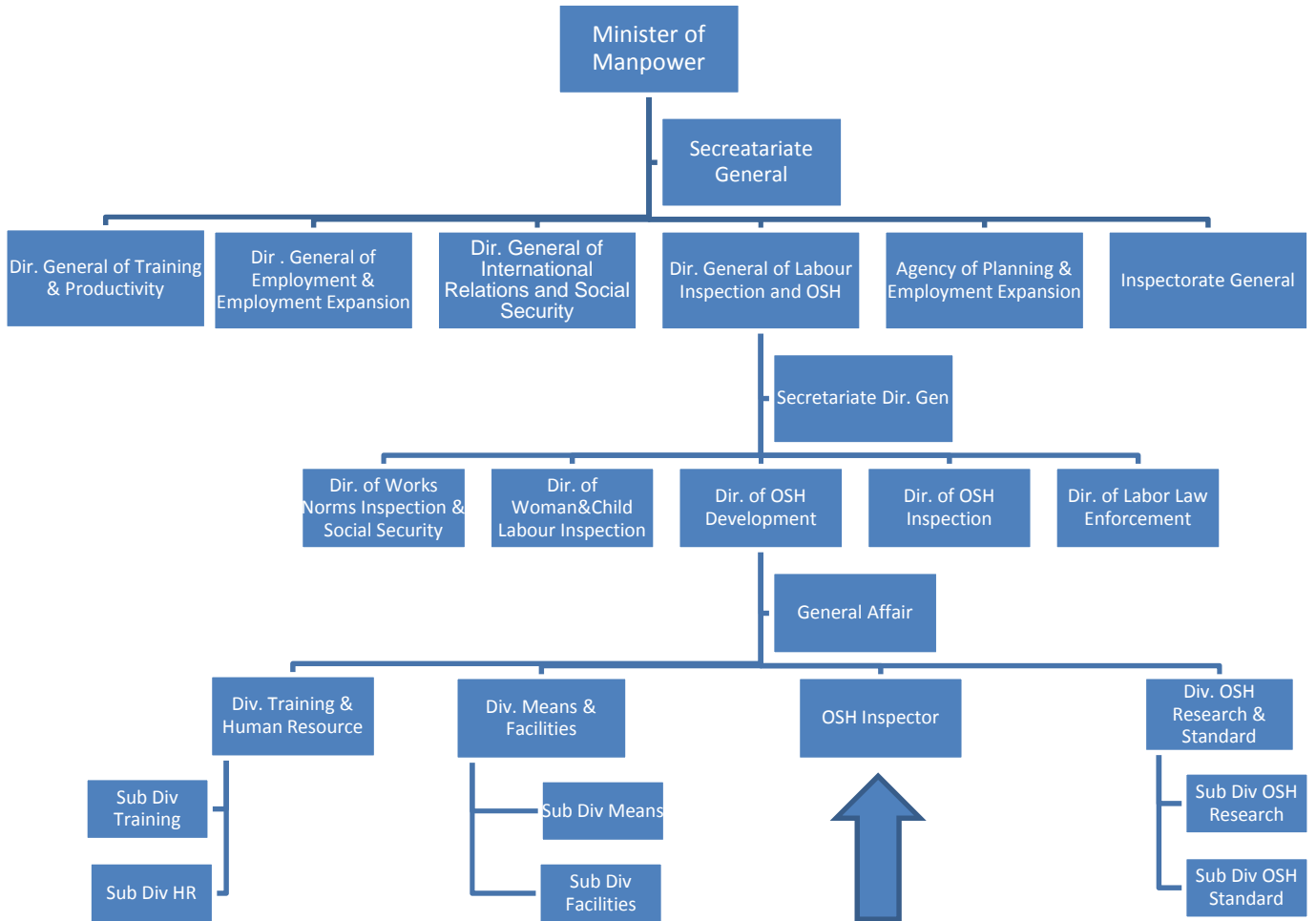
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COUNTRY REPORT

Basic Information

Name of Applicant :Tomy Mismahendra
Country :Indonesia
Organization : Ministry of Manpower
Department : Directorate of OSH Development
Title : OSH Inspector
Working Experience : 8 (eight) years

Organization Chart



1. Indonesia's Current OSH status

Indonesia , officially the Republic of Indonesia , is a sovereign transcontinental country located mainly in Southeast Asia with some territories in Oceania. Situated between the Indian and Pacific oceans, it is the world's largest island country, with more than thirteen thousand islands. It has an estimated population of over 260 million people (September 2016) and is the world's fourth most populous country, most populous Austronesian nation, as well as the most populous Muslim-majority country.

Awareness of the implementation of Occupational Health and Safety (OSH) in Indonesia is still considered low. It can be seen from the high number of occupational accidents cases. Indonesia is one of the countries with the highest accident rates in Southeast Asia.

The number and cost of occupational accidents in Indonesia have been increasing in recent years. The rising number of accidents reflect poor OSH awareness from the industry sectors and lack of OSH supervision by government. It is generally accepted that most Indonesian Companies especially SME do not comply to existing OSH regulations. Many companies consider OSH is a cost burden, which makes the working environments more dangerous. In Indonesia, the government's role tends more toward encouraging compliance with OSH regulations rather than enforcing it.

Workplace Accidents in period 2005 – 2011

Year	Accidents	Compensation (IDR billion)
2005	99,023	219,2
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Jamsostek annual report 2011

Comply with the data from the Ministry of Manpower of the Republic of Indonesia, only about 2.1% of 15,000 large-scale enterprises in Indonesia are applying OSH Management System. One of the reasons that make this situation, is a certain stigma that the applications of OSH are still consider as additional charges for the company. This stigma against the reality, if the work accidents happen then the company must give compensation fund to the victims with greater value. So, economically OSH is very important.

2. Safety and Health related Laws and Regulations

Indonesia has comprehensive OSH laws and regulations designed to protect worker safety. The main law concerning OSH is the Work Safety Act (Law No.1, 1970). This Law covers all workplaces and emphasizes primary prevention. It requires

employers to report to the various and appropriate government agencies and details regulation regarding government inspections of workplace.

Indonesian Labor Law Government Act No. 13 of 2003 has several articles laying out the framework for OSH. Article 86 – 87 of this Government Act state that every worker has a right to receive OSH. Every industry is under an obligation to apply an OSH management system that shall be integrated to its own management system Government Act No. 50 of 2012.

3. Labor Inspection System

Act No. 13 of 2003 on Labor Law establishes the Ministry of Manpower (MOM) as the only government institutional responsible for labor matters. Labor inspection is one of the MOM's core functions covering every economic sector and size of enterprise. In the area of occupational safety and health, some authority for advisory services (in certain sectors) is delegated to other government agencies:

- OSH advisory services in the energy, mining, and mineral resource sectors are delegated to the Ministry of Energy and Mineral Resources;
- OSH advisory services in the nuclear energy sector are delegated to the Nuclear Energy Regulatory Agency;
- OSH advisory services in the construction sector are delegated to the Ministry of Public Works.
- OSH inspectors from the MOM sometimes carry out joint inspection visits with OSH officials from these other agencies.

The Directorate General of Labor Inspection and OSH Development within the MOM covers the inspection areas of working conditions, occupational safety and health, women and child workers, and labor inspection capacity building.

It's main role is to enforce the country's labor laws through labor inspection actions. It also formulates policies, standards, norms, guidelines, and mechanisms, and provides technical guidance and evaluation services in all these areas.

Labor inspection functions are carried out through four Directorates:

(1) the Directorate of Working Conditions Inspection covers inspections in the fields of employment relationship, social security, working conditions, placement and training;

(2) the Directorate of Occupational Safety and Health Inspection covers inspection in the fields of mechanical equipment, pressure vessel and boilers, construction and electrical installations, fire, occupational health, hazardous substances and working environment, and OSH management systems;

(3) the Directorate of Women and Child Labor Inspection covers inspections in the fields of women workers, child labor, and is responsible for cooperation between relevant institutions as well as advocacy;

(4) the Directorate of Law Enforcement on Labor Inspection covers inspection institutions and labor inspectors, standardization and certification, as well as labor inspection evaluation and information, emphasizing law enforcement and prosecution and the investigation of occupational cases.

All this work is carried out by labor inspectors in the provinces and districts, including PPNS (civil service investigators). Labor inspectors are appointed by the Minister of Manpower and Transmigration, after a period of specialized training and upon meeting the necessary competency requirements.

Labor inspectors are responsible for enforcing laws, administrative regulations and collective agreements. Labor inspection has competency over all workplaces which includes where work is performed, usually performed, or where it is assumed to be performed. Act No. 13 of 2003 on Manpower does not exclude any category of establishment from its scope of application.

Labor inspectors, in coordination with the police, have the authority to investigate labor crimes. Inspectors are further required to provide technical guidance to enterprises in the form of advisory services and capacity building. In collaboration with other Directorates in the MOM, the Labor Inspection Directorate also deals with issues such as industrial relations and employment placement.

The labor inspection governance structure was changed from a centralized to decentralized system. Competencies over labor issues, including labor inspection, are now the jurisdiction of local authorities. The central government has the responsibility to develop laws, regulations and procedures to assist the Provincial and Local District Governments in the implementation of labor affairs.

All levels of government (Ministry, Provinces, Districts) are required to prepare annual budgeted labor inspection plans (prepared one year in advance). As such, the

majority of inspection visits are planned visits (first inspections and periodic visits) with the remainder of visits taking place as the result of a complaint or accident notification.

4. Workers Accident Compensation Insurance

In addition to safe workplaces, Indonesia law (Law No 3,1992) has mandated the creation of a social security network that provides for workers if they get injured (known as Jamsostek)

In the year of 2004, Indonesia finally launched a Law on National Social Security System (NSSS). The NSSS Law No. 40 of 2004 mandates universal coverage of social security with compulsory contributions. This law provides that those who cannot afford to pay premiums receive a subsidy. In general, the law follows the basic principles of social security administration by including as participants all citizens and foreign nationals who have worked for at least six months in Indonesia and have contributed directly, through their employer or a government scheme. Article 4 of this law states that the NSSS should be administered on the basis of the nine principles of social insurance: mutual assistance, not for profit, transparency, prudence, accountability, portability, mandatory participation, trust fund and the return of social insurance which must be used entirely for developing programmes in the best interest of the participants. These components include medical care, sickness, unemployment benefit, old age benefit, employment injury, family benefit, maternity benefit, invalidity and survivor benefit. Informal workers are excluded from the current social protection system. The

implementation of social security is conducted by BPJS (Badan Penyelenggara Jaminan Sosial) as the replacement of JAMSOSTEK.

History

The implementation of social security program is one of the responsibilities and obligations of the State - to provide socio-economic protection to the public. In accordance with the State's financial capabilities, like other developing countries, Indonesia develops social insurance programs funded by social security. It is a social security that is funded by participants and is still limited to community of workers within formal sector.

The history of the establishment of PT Jamsostek (Persero) underwent a long process, starting from the Law No.33 / 1947 jo Law No.2 / 1951 concerning occupational accidents, Regulation of the Minister of Labor (PMP) 48/1952 jo PMP 8/1956 on the arrangements of aid for workers health care, PMP No.15 / 1957 on the establishment of Labor Social Foundation, PMP No.5 / 1964 on the establishment of the Social Security Fund Foundation (YDJS), the enactment of Law No.14 / 1969 on Labor Affairs. Chronologically, the birth of a labor social insurance is becoming more transparent.

After undergoing progress and development in terms of legal basis, form of protection as well as management, in 1977, the government issued Government Regulation (PP) Number 33 of 1977 concerning the implementation of labor social insurance programs (ASTEK) which became an important milestone. The regulation requires that each employer / private and state enterprises to participate in ASTEK

program. PP No.34 / 1977 concerning the establishment of a platform organizer of ASTEK that is Perum Astek was also issued.

The next important milestone is the enactment of Law No. 3 of 1992 on Employment Social Security (Jamsostek) and through PP No.36 / 1995 which enacted PT Jamsostek as the organizing body of Employment Social Security. Jamsostek program provides basic protection to meet the minimum needs of workers and their families, by providing certainty of a continuing family income as a substitute for partial or complete loss of income, as a result of social risk.

Furthermore, at the end of 2004, the Government also issued Law No. 40 of 2004 on National Social Security System. The law is related to the amendment of the 1945 Constitution concerning the amendment of Article 34, paragraph 2, which now reads: "The State shall develop a system of social security for all people and to empower the weak and incapable in accordance with human dignity". The benefits of such protection can provide a sense of security to workers so that they can concentrate on increasing motivation and productivity.

The role of PT Jamsostek (Persero) is to promote the interests and normative rights of Labor in Indonesia by providing 4 (four) protection programs, which include Occupational Accident Benefit (JKK), Death Benefit (JKM), Old Age Benefit (JHT) and Health Care Benefit (JPK) programs for all workers and their families, continues until the enactment of Law No. 24 of 2011.

In 2011, the Law No. 24 of 2011 on the Employment Social Security Provider was enacted. In accordance with the mandate of the law, as of Januari 1, 2014, PT Jamsostek will turn into Legal Public Entity. PT Jamsostek (Persero) which transformed

into Employment BPJS (Social Security Provider) remained trusted to manage employment social security programs, which include JKK, JKM, JHT with the addition of Pension Benefit began on July 1, 2015.

Recognizing the great and noble responsibility, Employment BPJS continues to increase competency across service lines while developing a variety of programs and benefits that workers and their families can immediately appreciate.

Now with the implementation of a more advanced systems, Employment BPJS program not only provide benefits to workers and employers, but also provide an important contribution to the improvement of the nation's economic growth and welfare of Indonesian society.

There are 31 occupational diseases, recognized by Indonesian law, as caused by work or working conditions and the work environment. These are:

1. Pneumoconiosis (*pneumokoniosis*) caused by mineral dust forming scar tissue (*silicosis, antrakosilikosis, asbestosis*) and silicotuberculosis (*silikotuberkolosis*) wherein silicosis (*silikosis*) was the main factor causing disability and death.
2. Lung and bronchial disease (*bronkhopulmoner*) caused by hard metal dust.
3. Lung and bronchial disease (*bronkhopulmoner*) caused by cotton dust, vlas, henep and sisal (*bissinosis*).
4. Asthma caused by work that caused by over exposure to substances at work.
5. *Alveolitis allergika* caused by external factors such the inhalation of

organic dust.

6. Disease caused by beryllium (*berilium*) or its toxic compounds.
7. Disease caused by cadmium (*kadmium*) or its toxic compounds.
8. Disease caused by phosphorus (*fosfor*) or its toxic compounds.
9. Disease caused by chromium (*krom*) or its toxic compounds.
10. Disease caused by manganese (*mangan*) or its toxic compounds.
11. Disease caused by arsenic (*arsen*) or its toxic compounds.
12. Disease caused by mercury (*raksa*) or its toxic compounds.
13. Disease caused by lead (*timbal*) or its toxic compounds.
14. Disease caused by fluor (*fluor*) or its toxic compounds.
15. Disease caused by carbon disulfide (*karbon disulfide*) toxic.
16. Disease caused by halogen derivatives (*derivat halogen*) from aliphatic hydrocarbons (*hidrokarbon alifatik*) or aromatics (*aromatik*) toxic compounds.
17. Disease caused by benzene (*benzena*) or homologous toxic substances.
18. Disease caused by derivatives of nitrogen (*derivat nitro*) and amina from benzene or homologous toxic compounds
19. Disease caused by nitroglycerin (*nitrogliserin*) or nitric acid esters (*ester nitrat acid*).
20. Disease caused by alcohol, glycol or ketone (*alkohol, glikol or keton*).
21. Disease caused by gas or vapor causing asphyxia (*asfiksia*)

or poisoning by carbon monoxide (*karbon monoksida*) ,
hidrogensianida, hydrogen sulphide (*hydrogen sulfida*), or
derivatives that are poisonous, such as zinc, brass and nickel
ammonia (*amoniak seng, braso and nikel*).

22. Auditory abnormalities caused by noise.

23. Disease or injury caused by mechanical vibration (muscle disorder,
gout, bone joints, blood vessels or the edge nervous).

24. Disease or injury caused by working in pressurized air.

25. Disease or injury caused by *electro magnetic radiation and ionize
radiation*.

26. Skin disease (dermatosis) due to physical, chemical or biological
causes.

27. Skin cancer epitelioma primer caused by *ter, pic (chemical names)*,
bitumen, mineral oil, antrasena or its compounds or its products
or the residue of those substances.

28. Lung cancer or mesothelioma caused by asbestos (*asbes*).

29. Infection caused by virus, bacteria or parasites in working
environments with special risks.

30. Diseases caused by high or low temperature or radiation or high
air humidity.

31. Diseases caused by the other chemical substances include
medicines.

5. OSHMS in Indonesia

Occupational Safety and Health (OSH) Management System includes organizational structure, planning, responsibility, implementation, procedures, processes and resources that are required for developing, implementing, achieving, reviewing and maintaining the safety and health policies in order to control the risks associated with activities working to establish a workplace that is safe, efficient and productive. Enterprise that employs 100 people or more and/or having potential danger posed by the characteristics of the material process of production that can lead to accidents such as explosions, fires, pollution and work related diseases are required to apply OSH Management System. Initial steps to implement SMK3 is to demonstrate the commitment and establish an OSH policy, which is a written statement signed by the employer or management that includes the overall vision and goals, commitment and determination implement OSH, the framework and work program that includes the enterprise's general and/or operational activities. OSH policy is made through a process of consultation between management and workers representatives who then must be explained and disseminated to all workers, suppliers and customers. OSH policy is dynamic and will always be reviewed in order to improve the OSH performance.

OSH COMMITTEE

Enterprises that are required to establish an OSH Committee are:

- Enterprises that employ 100 people or more; or

- Enterprises that employ less than 100 people but using materials, processing and having installations that have a high risk of impending explosion, fire, poisoning and radioactive radiation.

The OSH Committee consists of both workers and management representatives, and responsible to monitor and implement the OSH policy.

The head of the OSH Committee is required to be a high level management representative. The OSH Committee Secretary must be a certified General OSH expert. In order to be appointed, he or she must undertake a two week General OSH training course organized by the Ministry of Manpower and Transmigration and receive an appointment letter from the Ministry.

The OSH Committee must submit a report on the activities of the OSH committee to Local Manpower Office addressed to the Minister of Manpower and Transmigration every 3 months.

6. Safety of Equipment and Facilities

There are several facilities that Indonesia has to improve OHS in Indonesia, which are :

- a) Directorate for Development of OSH (Direktorat Bina K3)

Directorate for Development of OSH is responsible for identification and control of occupational health and safety hazard in factory, personnel training and education, research in occupational health and safety, pre-placement and periodical medical examination, and consultation on

environmental impact assessment. It also makes recommendations for occupational safety and health standards.

b) Directorate for Inspection of OSH Standards (Dir Pengawasan Norma K3)

Directorate for Inspection of OSH Standards is responsible for labor OSH inspection, accident investigation, personnel training, implementing OSH programs and certification of machine operator.

7. Training / Education Programs

Several training conducted by government to improve Enterprise OSH awareness :

- OSH training for medical doctor
- OSH training for nurses
- OSH training for OSH committee
- OSH training on chemical handling
- OSH training on food handling
- Training of First Aid at Workplace
- Training on emergency response

8. Activities of OSH organizations other than government

- National Occupational Safety and Health Council (DK3N)

The National Occupational Safety and Health Council (DK3N) is a tripartite body to provide recommendations and advice to the Government at national level. Its members consist of main OSH organizations, including the employer's and worker's representatives. Its duties are to collect and

analyze OSH data at the national and provincial level, help Ministry of Manpower to supervise the provincial OSH councils, conduct research, and provide training and education programs.

- APINDO

APINDO (Employers' Association of Indonesia), established in 1952. APINDO has been the member of DK3N since its establishment and has incorporated safety and health and environmental protection issues in the policy statement. It also organizes seminars and training courses.

- SPSI

SPSI (Confederation of the All Indonesian Workers Union) leads 18 labor union federations. SPSI has offices in 30 provinces (regional executive boards) and 316 cities and districts. It has also representative offices in 12,000 companies with total members approximately 5 million across Indonesia. In each province, SPSI has its own safety and health board which have a responsibility to work together with the companies in developing OSH.

9. Campaign/Event/National Convention/ Exhibition

Several campaign conduct by Ministry of Manpower to encourage OSH development in enterprise are :

- National OSH month, which held on 12 January to 12 February each year
- National OSH Award for ZERO ACCIDENT enterprise each year

- Government funded SME'S OSH Inspection

10. **Obstacle in Promoting OSH in Indonesia**

Several Obstacle in Promoting OSH in Indonesia are :

- Poor awareness of the implementation of Occupational Health and Safety (OSH) in enterprise.
- Most Indonesian Companies especially SME do not comply to existing OSH regulations
- Many companies in Indonesia consider OSH is a cost burden
- Lack of OSH Supervision or Inspection from Government

My recommendation to solve the Obstacle are :

- Encourage the government to increase the number of inspectors in the Ministry of Manpower. This will increase supervision of companies and make it more effective; they can immediately respond when there are reports from unprotected workers who are concerned about their safety and health.
- Increase companies awareness about the importance of OSH
- Initiate a campaign to educate workers, government and public that violation of OSH laws is a crime and should be punished.
- OSH services on monitoring and evaluation the potential hazard in the workplace for small and medium enterprises, such as gas, dust noise, heat stress, lighting etc.