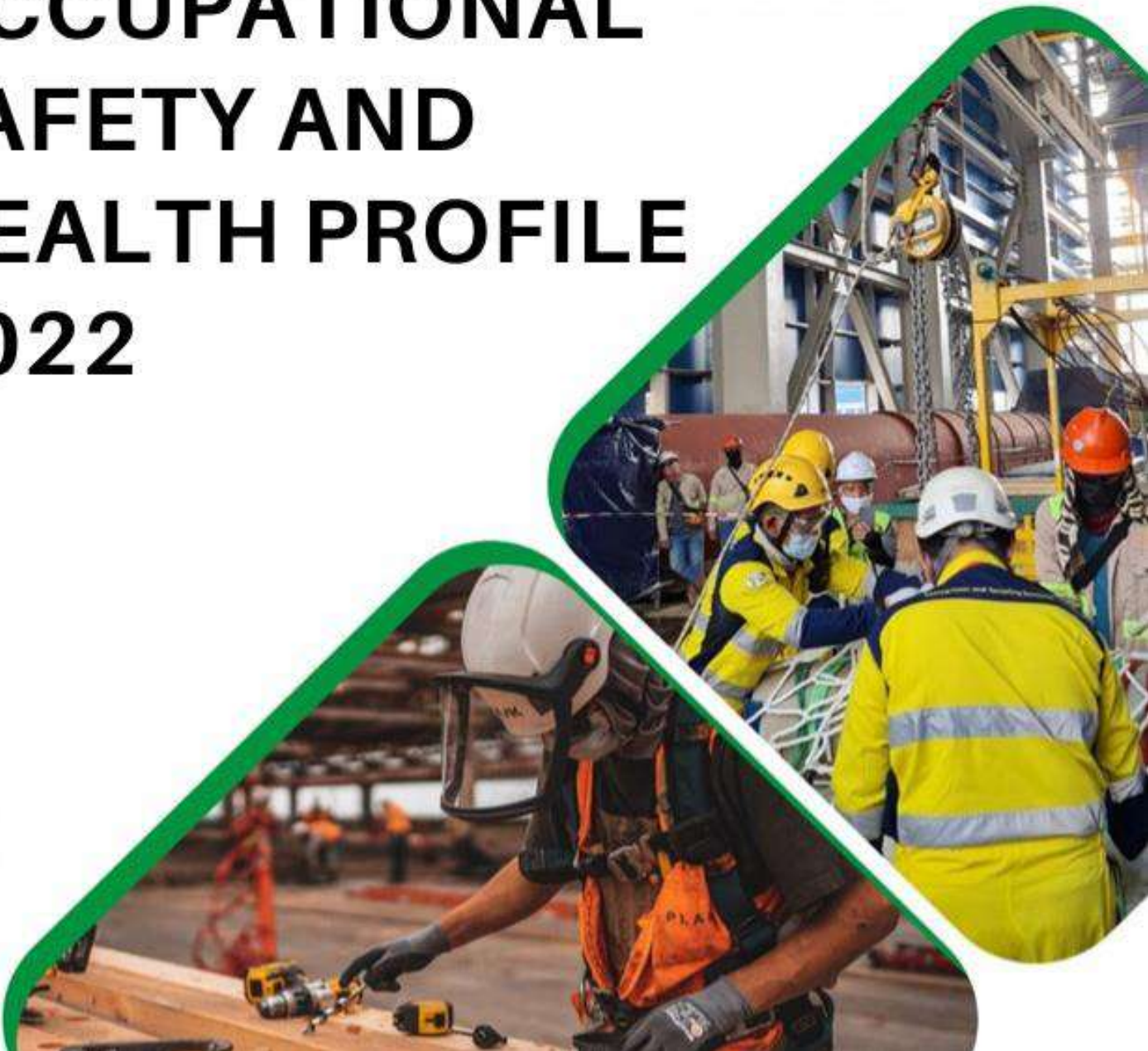




THE INDONESIAN NATIONAL OCCUPATIONAL SAFETY AND HEALTH PROFILE 2022



The Indonesian National Occupational Safety and Health Profile in 2022

**THE DIRECTORATE GENERAL OF LABOUR INSPECTION AND OCCUPATIONAL
SAFETY AND HEALTH
THE MINISTRY OF MANPOWER OF THE REPUBLIC OF INDONESIA.
2022**

THE INDONESIAN NATIONAL OCCUPATIONAL SAFETY AND HEALTH PROFILE 2022

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The National Occupational Safety and Health (OSH) Profile in Indonesia – Jakarta, Indonesia – 2022, consists of 60 pages. This National OSH Profile was prepared in collaboration with the National Stakeholders with the support of the International Labour Organization (ILO) Office for Indonesia and Timor-Leste.

This National OSH Profile was prepared by a group of experts from:

- The Directorate General of Labour Inspection and OSH, the Ministry of Manpower of the Republic of Indonesia
- The National Safety and Health Council (DK3N)
- The Association of Indonesian Labour Inspectors (APKI)
- The Indonesian Employers' Association (APINDO)
- The Indonesian Trade Unions/Labour Unions (SP/SB)
- OSH Professional Association
- High-learning Institutions

The contents of this National OSH Profile were compiled based on feedback from:

- The Ministry of Manpower
- The Ministry of Health
- The Ministry of Energy and Mineral Resources
- The Minister For Public Works and Public Housing
- The Ministry of Transportation
- The Ministry of Tourism and Creative Economy
- The Indonesian Employers' Association (APINDO)
- The Association of Indonesian Labour Inspectors (APKI)
- The Confederation of Indonesian Prosperous Trade Unions
- The Confederation of All Indonesian Trade Unions
- The Confederation of Indonesian Trade Unions
- The OSH Professional Associations
- High-Learning Institutions
- OSH Experts

- Academics from a number of universities e.g., the University of Indonesia (Depok), Sriwijaya University (Palembang), Padjadjaran University (Bandung), Yogyakarta State University (Yogyakarta), and the College of Health Sciences (Makassar)

This National Profile provides information and data on OSH laws and regulations, mechanisms for establishing state policies related to OSH, infrastructure, social partnership arrangements, coordination with various partners for OSH, labour inspection, participants and related parties, OSH statistics and indicators, demographic data, various problems and obstacles as well as challenges and opportunities, conditions/targets to be achieved, requirements for further development by the state.

These data and information also serve as a basis for adjusting specifications and developing further national regulations, policies and programs in OSH. Compilation of the National Profile to the maximum extent complies with ILO recommendations. The composition of the national OSH profile includes some additional information that makes it easier to better understand the situation in the national OSH system in Indonesia.

This document is a printed version of the complete analytical profile. The final edition of the document is available in electronic format and on the Internet.

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Message from The Minister of Manpower of the Republic of Indonesia

The implementation of Occupational Safety and Health (OSH) aims to provide protection for workers and other people in the workplace, protect company assets, protect society and the environment as mandated in Law no. 1 of 1970. Of course, we have obtained several achievements in the implementation of the OSH program in Indonesia, but until now the goals we want have not been fully achieved. Based on the results of work accidents and occupational diseases (PAK) data processing from the Work Accident Insurance (JKK) program for Employment BPJS in 2022, it shows an increasing trend of cases every year. In 2021, there were 234,370 cases which resulted in the death of 6,552 workers, an increase of 5.7% compared to 2020. This figure is an indication that the application of OSH must increasingly become a priority for the world of work in Indonesia.

The National OSH Profile was prepared to describe various efforts we have made, available resources, parties involved, problems or constraints, challenges, opportunities, and achievements we made. This 2022 National OSH Profile is an update of the 2018 National OSH Profile, as mandated by the Presidential Regulation no. 34 of 2014 concerning Ratification of ILO Convention No. 187 of 2006 concerning the Convention Concerning the Promotional Framework for Occupational Safety and Health/Convention and the ILO Convention No. 155 of 1981 concerning Occupational Safety and Health. Preparation of the national OSH profile in 2022 is one of our efforts to provide a comprehensive picture or portrait of the OSH Program in Indonesia.

The 2022 National OSH Profile Document was prepared when the ILO, through the 110th International Labour Conference (ILC) in 2022, adopted a resolution on OSH or Occupational Safety and Health as fundamental principles and rights at work. Therefore, in the future, we must be more serious in improving OSH programs in accordance with direction of our National OSH policy to realize: the Independence of Indonesian People with an OSH Culture in a sustainable manner.

On this occasion, we would like to express our appreciation to various parties, from the Ministry/Sector Development Agencies, ILO, BPJS Employment, employers' organizations, workers' organizations, professional organizations, experts and practitioners, academics/universities, OSH actors in Indonesia and all parties that we cannot mention one by one. Your participation and support as well as the facilitation provided by the ILO was invaluable in the preparation process up to the launching of this important National OSH Profile.

We all should not be quickly satisfied with the achievements we made. We must keep working hard smartly in achieving the noble goals that we all desire. We all believe that the application of OSH is full of good and noble values and many benefits for human life.

We also apologize for any shortcoming in the preparation of this OSH profile. Hopefully, the preparation and utilization of this National OSH Profile will become a contribution for all of us in building the nation and state as well as our good deeds for others and get rewards from the Almighty God. Amen Ya Rabbal'alam.

Thank you,
Wallahul Muwaffiq ila Aqwamit Tharieq
Wassalamu'alaikum Warohmatullahi Wabarokaatuh.

MINISTER OF MANPOWER OF THE
REPUBLIC OF INDONESIA

IDA FAUZIYAH

Message from The Director of ILO for Indonesia and Timor-Leste

Occupational Safety and Health (OSH) is a term and part of industrial relations that can be accepted by all tripartite constituents, be it the government, employers, or trade/labour unions (SP/SB). OSH reflects the interests of constituents and provides a common foundation for collaboration, synergy and togetherness in building an OSH culture at workplaces. Behind all that, there is a new awareness that has emerged in the world community that OSH is an inherent right for everyone in business world. Therefore, at the International Labour Conference (ILC) last June, all parties with a high commitment believed and stated that OSH is part of the fundamental principles and rights at work.

To fulfill this commitment, member states need to ratify it in various forms, ranging from ratification to the implementation of at least two basic conventions that are the core conventions of the ILO i.e., ILO Convention No. 155 on Occupational Safety and Health, as well as ILO Convention No. 187 on the Promotional Framework for Occupational Safety and Health, 2006. Both conventions affirm that a safe and healthy life and work is a right for all.

As a consequence of the establishment of both Conventions as core conventions is that each member country, that has and has not ratified them, is obliged to submit progress reports to the ILO. Later, these reports shall be used as a reference for the ILO in providing assistance so as to improve the quality of OSH in the country concerned.

In this position, Indonesia has its strengths. As a long-standing member country with the ILO, Indonesia has had a lot of investment in OSH since 1970. Awareness of the importance of OSH is growing. This will be Indonesia's investment not only for now, but also for the future.

The challenge now is how this large investment can contribute to the goal of reducing the number of work accidents and occupational diseases at the national as well as regional levels? How can the country's efforts to invest heavily in OSH be followed by companies or employers, unions and workers in all sectors? Employers and workers/labour are important parties in utilizing state investment to support worker protection and business continuity.

In this digitalization era, we cannot deny that the role of media and media actors (employers and workers/labourers), youth, universities and educational institutions is still very strategic. They are very important in driving better knowledge, increased awareness and driving activities related to the importance of investing in and reviving a resilient OSH system in Indonesia.

The 2022 National OSH Profile is very strategic as it is a reference for determining OSH policies that are more contextual and it pays attention to sectors that have not been touched by many programs or activities. The 2022 National OSH Profile is also important considering that the world is still not free from COVID-19. Therefore, this profile is very important to remind all OSH stakeholders that our work still has challenges. In addition, this Profile at the same time gives enthusiasm that work has been done, a number of good results have begun

to be achieved due to the strong commitment of all parties in Indonesia in seeking decent work, especially in improving the quality of OSH in Indonesia.

Warm Regards,
Director of ILO Jakarta and Timor-Leste

Michiko Miyamoto

LIST OF CONTENTS

<i>Acknowledgement</i>	
Message from the Minister of Manpower	
Message from the Director of ILO for Indonesia and Timor-Leste	
List of Contents.....	
List of Tables	
List of Boxes.....	
List of Figures/Graphics/Infographics	
<i>Executive Summary</i>	
Main Abbreviations/Accronyms.....	
CHAPTER. I. INTRODUCTION	1
A BACKGROUND	1
B OBJECTIVES	8
CHAPTER II. OCCUPATIONAL HEALTH AND LEGAL FRAMEWORK AND POLICIES	10
A NATIONAL OSH LEGAL FRAMEWORK	10
B NATIONAL SOCIAL SECURITY REGULATION RELATED TO OSH	16
C NATIONAL OSH POLICY	18
D ILO CONVENTION	40
E REGULATION RELATED TO OSH SECTOR	43
CHAPTER III. OCCUPATIONAL HEALTH AND SAFETY AUTHORITY INSTITUTION	47
A NATIONAL OSH AUTHORITY	47
B SECTORAL OSH B AUTHORITY	48
C OSH AUTHORITY IN REGIONAL (PROVINCE)	49
CHAPTER IV. OCCUPATIONAL HEALTH AND SAFETY PROGRAM	50
A NATIONAL OSH CULTIVATION PROGRAM	50
B PROGRAM FOR LABOUR INSPECTION AND OSH SERVICES	51
C CAPACITY BUILDING PROGRAM FOR HUMAN RESOURCES AND OSH INSTITUTIONS	56
D OSH SECTOR PROGRAM	62
E PROGRAM FOR NATIONAL STANDARDIZATION OF OSH	66
F EMPLOYMENT HEALTH, HEALTH AND SOCIAL SECURITY PROGRAMS	67
G INTERNATIONAL OSH PROGRAM	71
H OSH PROGRAM FINANCING	72
CHAPTER V. OVERVIEW OF THE ACHIEVEMENTS OF THE NATIONAL OSH PROGRAM	74
A GENERAL DATA	74
B DATA FOR MANPOWER SUPERVISION AND OSH SERVICES	76

C	HUMAN RESOURCES DATA FOR MANPOWER SUPERVISORS AND SUPPORTING HUMAN RESOURCES OF K3 PROGRAM	77
D	OSH INSTITUTIONAL DATA	79
E	EMPLOYMENT SERVICE PROGRAM DATA IN OSH Sector	83
F	DATA OF AWARDS IN THE FIELD OF OSH	83
G	DATA INSPECTION PROGRAM AND EMPLOYMENT LAW ENFORCEMENT IN OSH SECTOR	86
H	DATA RESULTS OF SECTORAL OSH PROGRAM ACTIVITIES	87
I	DATA RESULTS OF OTHER STAKEHOLDER OSH PROGRAM IMPLEMENTATION	88
J	DATA AND STATISTICS OF OCCUPATIONAL ACCIDENTS AND OCCUPATIONAL DISEASES	90
CHAPTER VI. REVIEW AND ANALYSIS		102
A	GENERAL STUDY AND ANALYSIS	102
B	SUCCESS/ACHIEVEMENTS OF THE NATIONAL OSH PROGRAM	103
C	THINGS TO ACHIEVE	104
D	GENERAL PROBLEMS AND ITS IMPLICATIONS	105
E	OBSTACLE	107
F	CHALLENGES AND OPPORTUNITIES	108
G	STUDY AND ANALYSIS	110
H	TARGET ACHIEVEMENT AND FURTHER EFFORTS	122
CHAPTER VII. CLOSING		124
A	CONCLUSION	124
B	SUGGESTION/RECOMMENDATION	124
Reference		127

List of Attachments

Attachment I	Data on OSH Inspectors and Examiners in Indonesia	-1- to -4-
Attachment II	Technical Regulations concerning Occupational Safety and Health (OSH)	-1- to -10-
Attachment III	Data on Work Accidents and Occupational Diseases (KK and PAK)	-1- to -19-
Attachment IV	Data on OSH programs/activities of the Ministry of Manpower	-1- to -26
Attachment V	OSH Programs-Activities of Ministries & Agencies outside the Minister of Manpower	-1- to -17-
Attachment VI	Data on Stakeholders' OSH Programs/Activities	-1- to -19-
Attachment VII	Data on Professional OSH Institutions and Organizations	-1- to -12-
Attachment VIII	List of High-Learning Institutions with OSH Study Program in Indonesia	-1-

List of Tables

Table 1	Annual National OSH Month Theme	20
Table 2	Types of Reports and Sources of OSH Reporting	25
Table 3	Regulations related to KK and PAK Reporting	26
Table 4	Ratified and Implemented ILO Conventions	42
Table 5	Regulations Related to Sectoral OSH at the level of Law	43
Table 6	Types of Awards and Recipients, Criteria and Forms of OSH Awards	53
Table 7	Assessment Criteria for the Implementation of OSHMS Implementation Audit	54
Table 8	P2-HIV/AIDS Program Assessment and Award in the Workplace	55
Table 9	Total OSH Program Budget at the Directorate General of Binwasnaker and OSH-The Ministry of Manpower RI for the 2019-2021 period	73
Table 10	Information on General Conditions of Indonesia	74
Table 11	Number of Working Population by Age Group and Gender	75
Table 12	Number of Labour Inspectors in Indonesia for the First Semester of 2022	77
Table 13	Number of Specialized Labour Inspectors and Employment PPNS in Indonesia up to Semester I 2022	77
Table 14	Functional Number of OSH Examiners in Indonesia for the First Semester of 2022	78
Table 15	Data on the Number of OSH Expertise Until May 2022	78
Table 16	PJK3 Data Until May 2022	79
Table 17	Data of Association of OSH Sector Institutions	80
Table 18	Data from the Professional Association in the OSH Field	80
Table 19	Data on Recipients of the P2 HIV-AIDS Program and the P2 COVID-19 Program in the Workplace in 2022	86
Table 20	OSH Program in MSME Sector	89
Table 21	Data on Work Accidents and Occupational Diseases cases reported to the Ministry of Manpower through the Provincial Manpower Office for the 2019-2021 period	91
Table 22	The number of workers who experience Work Accidents and Occupational Diseases who are given the benefits of the JKK BPJS Employment Program	92
Table 23	Data on Work Accidents and Occupational Diseases Cases for the JKK Employment BPJS Program by Business Sector for 2019-2021	93
Table 24	Number of Cases of Work Accidents and Occupational Diseases in the JKK-BPJS Ketenagakerjaan Program by Location of Events in 2019-2021	94
Table 25	Number of Work Accidents and Occupational Diseases Cases for the Employment JKK-BPJS Program by Age Group 2019-2022	95

Table 26	Number of Workers experiencing Work Accidents and Occupational Diseases based on location and percent of cases died	96
Table 27	Number of Fatal Work Accidents and Occupational Diseases Cases-Program JKK-BPJS Employment by Gender in 2019-2022	97
Table 28	Work Accident Rates and Fatal Occupational Diseases (TKKF) for All Cases in 2019-2021	100
Table 29	Fatal Work Accident Rates (TKF) at Work Locations (Inside) the Workplace in 2019-2021	100
Table 30	Fatal Work Accident Rate (TKKF) at Traffic Locations in 2019-2021	101
Table 31	Data on the Number of Occupational Diseases Cases and Health Service Fees for the JKK BPJS Employment for the Period January 2015 – June 30, 2022	102

List of Boxes

Box 1	The importance of the OSH program is accompanied by health and social security programs	7
Box 2	National OSH Legal Framework	9
Box 3	OSH requirements according to Law no. 1 Year 1970	12
Box 4	Requirements for Occupational Health and Work Environment in Law No. 1 of 1970	11
Box 5	Manpower Health Check Obligation In accordance with the mandate of Law No. 1 of 1970	11
Box 6	Obligation to Protect New Workers and Establishment of P2K3	14
Box 7	Points of OSH Norm Implementation Patterns	15
Box 8	JAMSOSTEK Regulations regarding CoW and PAK Guarantees	17
Box 9	Definition of Occupational Health and Safety Management System (OSHMS)	20
Box 10	National Policy for Implementing OSHMS	21
Box 11	Obligation to Implement SMK3 for Companies	21
Box 12	The function of Labour Inspection according to the Republic of Indonesia Law. No. 21 of 2003	34
Box 13	Definition of Labour inspectors	35
Box 14	Duties and Responsibilities of Labour Inspectors	35
Box 15	Definition of an Investigation into an Employment Crime	36
Box 16	Provisions of Sanctions for Violation of Law no. 1 of 1970	36
Box 17	The Obligation to Protect the Welfare, Safety and Health (physical and mental) of Workers in accordance with Law no. 13 Year 2003	37

Box 18	The Amount of Sanctions for Violating the Protection of Welfare, Safety, & Health (physical and mental) according to Law no. 13/2003 on Employment	38
Box 19	Provisions of Sanctions for Violations of SMK3 Implementation according to Law no. 13 of 2003 concerning Manpower	38
Box 20	Types of Sanctions for Violations of SMK3 Implementation	38
Box 21	according to Law no. 13/2003 on Employment	42
Box 22	ILO Core Conventions Ratified by Indonesia	70
Box 23	Various Benefits of the JKK Program	70
Box 24	Corporate Obligations provide the benefits of the Jamsostek program	71
Box 25	List of SMK3 Audit Institutions	80
Box 26	Scope of the World of Work and the Workplace	86

List of Figures/Graphics/Infographics

Figure 1	Illustration of various potentials and risks as well as the double burden of disease faced by workers if they do not receive OSH protection	1
Figure 2	Illustration of the factors that influence the risk of work accidents and occupational diseases	2
Figure 3	Illustration of various impacts and losses due to accidents and	3
Figure 4	occupational diseases (Impact of occupational Accident and Occupational Diseases)	5
Figure 5	Graph of the relationship between fatality rates due to COW and occupational diseases with the competitiveness of a country	5
Figure 6	An overview of the size of the labour force and workers in Indonesia	11
Figure 7	Chart of Comprehensive OSH Activities	16
Figure 8	Comprehensive Labour Norms Protection Chart	18
Figure 9	The declaration of the First OSH Month 1990 by the President of the Republic of Indonesia Bp. Suharto	19
Figure 10	Chart of 5 Basic Principles of SMK3 Implementation	22
Figure 11	Implementation of 5 Basic Principles through 12 Elements in the Implementation of OSHMS.	22
Figure 12	(Source: Government Regulation No. 50 of 2012 concerning the Implementation of OSHMS).	23
Figure 13	Complete OSHMS Implementation Scheme	34
Figure 14	Overview of Sanctions for Violation of OSH Norms and Implementation of OSHMS	35

Figure 15	Organizational Structure Chart of the Directorate General of Binwasnaker and OSH	47
Figure 16	Organizational Structure Chart of the Directorate General of Binwasnaker and OSH	48
Figure 17	Illustration of various stakeholder elements in OSH culture in Indonesia	50
Figure 18	Illustration of Factors Affecting Work accidents and Occupational Diseases risk	51
Figure 19	Illustration of OSH cultural milestones in Indonesia	51
Figure 20	Figure 20 Scope of JKK 69 program	69
Figure 21	Component Chart and the amount of Work Accident Insurance compensation For the case of work accidents and occupational diseases (Source of Government Regulation No. 44 of 2015 concerning JKK and JKM)	71
Figure 22	Chart of the JKK Benefit Claim Submission Process Flowchart	71
Figure 23	Map of the Territory of the Unitary State of the Republic of Indonesia	75
Figure 24	Graph of the Number of Companies that have registered for WLKP Online up to Quarter III of 2022	77
Figure 25	Graph of Companies Recipients of the 2022 SMK3 SD Implementation Certificate Award	46
Figure 26	Graph of Companies Receiving Zero Accident Program Awards until 2022	48
Figure 27	Graph of Company Award Recipients of the P2-HIV/AIDS Program in the Workplace of SD. 2022	49
Figure 28	Graph of Company Award Recipients of the P2-HIV/AIDS Program in the Workplace by Achievement Category until 2022	49
Figure 29	Graph of Company Data Award recipients of HIV-AIDS and COVID-19 P2 Program Awards in the Workplace in 2022	49
Figure 30	Data Graph of Law Enforcement of Labour Norms for 2019-2021	51
Figure 31	Data on Violations of Labour Norms by Law Enforcement in 2019-2021	51
Figure 32	Graph of Trend of Increasing number of KK and PAK cases	57
Figure 33	JKK BPJS Employment Program 2019-2021	59
Figure 34	Graph of the Number of KK and PAK Cases for the JKK BPJS Employment Program by Gender in 2019-2021	59
Figure 35	Graph of Percentage of the number of workers who died due to KK/PAK based on the location of the incident	60

Figure 36	Work Accidents and Occupational Disease Frequency Rate Chart for 2019-2021	62
Figure 37	Work Accidents and Occupational Disease Severity Rate Chart for 2019-2021	63
Figure 38	Graph of Fatal KK and PAK Levels (TKKF)	64
Figure 39	Graph of Fatal KKF Rate (TKKF) in Work Accidents and Occupational Disease Cases that occur at the location (in) the Workplace	65
Figure 40	Graph of Factors Causing Occupational Diseases for the JKK BPJS Employment Program from 2015 to 2022	66

Executive Summary

Occupational Safety and Health (OSH) has important and strategic values, and its application provides benefits to every aspect of human life and to every business activity and supports quality and sustainable development progress in human, economic, social and environmental aspects. Neglecting OSH results in work accidents and occupational diseases, which often result in injuries, disabilities and death resulting in suffering for workers and/or their families and causing losses for employers due to loss of human resources as important assets (human capital assets), decreased productivity, property damage, disruption and cessation of businesses.

This National OSH Profile was prepared by a team from the Ministry of Manpower together with other Ministries/Institutions and various stakeholders based on Law no. 1 of 1970 and it refers to the Presidential Regulation no. 34 of 2014 concerning Ratification of ILO Convention No. 187 of 2006 concerning the Framework for Improvement of Occupational Safety and Health and the ILO Convention No. 155 of 1981 concerning OSH. This National OSH Profile was compiled so as to get an overview of various efforts that we have made, available resources, parties involved, problems or constraints, challenges, opportunities and achievements made by Indonesia.

In general, Indonesia has had a great opportunity supported by resources it has to further advance OSH nationally. Regulations and policies, organizations/institutions, human resources, infrastructure, labour inspection systems and participating parties as well as the demographic advantages today are strong capital for the advancement of OSH in particular and our development in general. There have been many achievements made in the national OSH programs, but the problems and challenges are increasing and complex along with industrial progress, globalization, developments in information technology and the COVID-19 pandemic.

Many leading indicators have been achieved, such as the number of OSH agencies and human resources, companies that have received OSH awards etc. The achievement of the following indicators (lagging indicators) is still not as expected because the frequency rate, severity rate and mortality rate for work accidents and occupational diseases cases are still high with an increasing trend annually. It is expected that in following years, Indonesia will be able to reduce work accidents and occupational diseases.

More intense and massive efforts are needed collectively collegial through stronger coordination, collaboration and synergy between the Ministry of Manpower as the national OSH leading sector together with other elements e.g., the Development Ministries/Institutions, Employment BPJS, employers' organizations, workers' organizations, professional organizations, experts and practitioners, academics/universities, and OSH actors/activists and society in general.

Keywords: national profile, statistics on work accidents and occupational diseases, OSH Management System, health, social security, social partnerships, collaboration and synergy,

Main Abbreviations/Accronyms

ASEAN OSHNET	<i>Occupational Safety and Health Network among ASEAN Nations</i>
A2K3	Association of Occupational Safety and Health Experts
ACGIH	<i>American Conference of Gouvernmental Industrial Hygienist</i>
AHKKI	Indonesian Occupational Health and Safety Association
Ahli K3	OSH Expert Occupational Health Safety Expert
AK3I	(Association) of Indonesian Community Safety Engineering Experts
AK3RS	Hospital OSH Expert Community
AK4I	Association of Indonesian Construction Occupational Safety and Health Experts
ALIC	<i>Asean Labour Inspection Conference</i>
ALICOM	<i>Asean labour Inspection Committee</i>
ALPK3I	Association of Indonesian Occupational Safety and Health Training Institutes
APGK3LI	Association of Indonesian OSH and Environmental Educators and Teachers
APINDO	Indonesian Employers' Association
APITINDO	Association of Indonesian Technical Inspection Companies
APJK2K3	Association of Inspection Service Companies and/or Occupational Health and Safety Services
APJK3RUI	Association of Indonesian Occupational Safety and Health Service Companies
APKI	Association of Indonesian Labour Inspectors
APKPI	Indonesian Mining Safety Professional Association
APPLE	Elevator & Escalator Manufacturers and Contractors Association
APTVK3I	Association of Indonesian OSH Vocational Colleges
ARAI	Structure Access-Rope Access-Evacuation
ARROW	<i>ASEAN Red Ribbon on The Workplace</i>
ASABRI	Indonesian Armed Forces Insurance
ASEAN BCA	<i>ASEAN Business Coalition on HIV AIDS</i>
ASN	State Civil Apparatus
BKPM	Investment Coordinating Board
BNSP	National Professional Certification Agency
BPJS Kesehatan	Health Social Security Organizing Agency for Health
BPJS Ketenagakerjaan	Employment Employment Social Security Administering Body
BPS	Central Bureau of Statistics
CHSE	<i>Clean, Health, Safety and Environment</i>
CSR	<i>Corporate Social Responsibility</i>
DK3N	National Occupational Safety and Health Council
DK3P	Provincial Occupational Safety and Health Council

DOSH	<i>Department of Occupational Safety and Health</i>
DUDI	Business World Industry World
FK3L	OSH and Environment Forum
FMK3N	National Occupational Safety and Health Student Forum
GATAKI	Association of Indonesian Construction Experts and Skilled Workers
GDP	Gross Domestic Product
HDI	Human Development Index
HESQINDO	<i>Health, Environment, Safety & Quality institute of Indonesia</i>
IAKKI	(Association) Indonesian Occupational Safety Expert Association
IAKMI	Indonesian Association of Public Health Experts
ICAO	International Civil Aviation Organization
IDKI	Indonesian Occupational Health Doctors Association
IEC	<i>Information, Education and Communication</i> (informasi, pendidikan, dan komunikasi)
IIEA	<i>Indonesia ISO Expert Association</i>
IIHA	<i>Indonesian Industrial Hygienist Association</i>
IIPS	<i>Indonesian Institute for Process and Safety</i>
ILO	<i>International Labour Organization</i> (Organisasi Buruh Internasional)
IMO	<i>International Maritime Organization</i>
INOSHPRO	<i>Indonesian Network of Occupational Safety and Health Professionals</i>
IPM	Human Development Index
ISO	<i>International Standard Organization</i>
ISPO	<i>Indonesia Sustainable Palm Oil</i>
JAMSOSTEK	Social Security
JICA	Japan International Cooperation Agency
JISHA	<i>Japan Industrial Safety and Health Administration</i>
JKK	Accident insurance
JKM	Life insurance
JKN	National health insurance
JKP	Job Loss Guarantee
JP	Pension Guarantee
K3	Occupational Health and Safety
K3RS	Occupational Health and Safety Health Facilities
KB	Construction and Building
MoM	The Ministry of Manpower
Kemendag	Ministry of Trade
Kemenhub	Ministry of Transportation
The Ministry of Health	Ministry of Health

The Ministry of Tourism and Creative Economy	Ministry of Tourism and Creative Economy
Kemenperin	Ministry of Industry
Kementan	The Ministry of Agriculture
Kementan	The Ministry of Agriculture
Kementerian ESDM	Ministry of Energy and Mineral Resources Ministry of Energy and Mineral Resources
Kementerian LHK	Ministry of Environment and Forestry Ministry of Environment and Forestry
The Ministry of Public Works and Public Housing	The Ministry of Public Works and Public Housing Ministry of Public Works and Public Housing
KESJA	Occupational Health
KK	Work Accidents
KKP	Ministry of Maritime Affairs and Fisheries
KOSHA	Korean Occupational Safety and Health Administration
LE&E	Electric Elevators and Escalators
LK	Work Environment
LPP	Education and Training Institute
LSK	Competency Certification Institution
LSP	Professional Certification Institute
MASTAN	National Standardization Society
MPK2I	Indonesian Fire Safety Professional Society
NIOSH	<i>National Institute of Occupational Safety and Health</i>
OHSAS	<i>Occupational Health and Safety Administration Series</i>
OIC OSHNET	<i>Organisation of Islamic Cooperation OSH Network</i>
OSH	<i>Occupational Safety and Health</i>
OSH	Occupational Safety and Health
OSHA	Occupational Safety and Health
OSHMS	<i>Occupational Safety and Health Management System</i>
OSS System	<i>Online Single Submission System</i>
P2 COVID	COVID Prevention and Control
P2 HIV-AIDS	HIV-AIDS Prevention and Control
P2 TB	Tuberculosis Prevention and Management
P2BK3I	Indonesian K3 Cultural Activists Association
P2BPK	Association of Retired Labour Inspectors
P2K3	Occupational Health and Safety Committee
P2K3N	National OSH Professional Association
P3K	First aid
P4GN	Prevention and Countermeasures of Drug Abuse and Illicit Trafficking
PAA	Lift and Transport Planes
PAK	Occupational illness

PAKKEM	Indonesian Oil and Gas Engineering and Safety Expert Association
PAKKI	Indonesian Occupational Health Experts Association
PEI	Indonesian Ergonomics Association
PERDOKI	Indonesian Association of Occupational Specialists
PERDOKLA	Association of Marine Medicine Specialists
PERDOSPI	Indonesian Association of Aviation Medicine Specialists
PERKESJA	Indonesian Occupational Health Nurses Association
PJK3	Occupational Health Safety Service Company
PK3DAI	Indonesian Water Occupational Safety and Health Association
PKB	Fire Fighting
PNS	Civil Servants
POLRI	National Police of the Republic of Indonesia
PPHII	Industrial Hygiene Professional Association
PPNS	Civil Servant Investigator
PPNS	Civil Servant Investigator
PPSDM Ketenagakerjaan	Employment Human Resources Development Center
PTPP	Aircraft Power and Production
PUBT	Steam Aircraft and Pressure Vessels
PUIL	General Requirements for Electrical Installation
QHSE	<i>Quality Health Safety and Environment</i>
ROI	<i>Return of Instrument</i>
SDGs	<i>Sustainable Development Goals</i>
SESRIC	<i>The Statistical, Economic and Social Research and training Centre for Islamic Countries</i>
SHED	<i>Safety Health Environment & Design</i>
SJSN	National Social Security System
SKKNI	Indonesian National Work Competency Standards
SKP	Appointment Decree
SKTTK	Electrical Engineering Competency Certificate
SMK3	Occupational Health and Safety Management System
SMKP	Mining Safety Management System
SMKP	Railway Safety Management System
SMM	Oil and Gas Management System
SNI	Indonesian National Standard
SP/SB	Pekerj Union/Labour Union
STMB	As long as you can't work
TASPEN	Civil Service Insurance Savings
TI	Information Technology
TKKF	Fatal Work Accident Rate
TKKNF	Non-Fatal Work Accident Rate
TNI	Indonesian national army
TOT	Training of Trainers
TUK	Competency Test Place

UKM	Small and Micro Business
UMKM	Micro small and Medium Enterprises
VUCA	Volatility, Uncertainty, Complexity Ambiguity
WLKP	Mandatory Employment Report Company
WSO	<i>World Safety Organization</i>

CHAPTER I INTRODUCTION

A. BACKGROUND

Government Regulation No. 50 of 2012 concerning the Implementation of the Occupational Health and Safety Management System (*Sistem Manajemen Keselamatan dan Kesehatan Kerja - SMK3*) states that Occupational Safety and Health (OSH) is all activities implemented to ensure and protect the safety and health of workers through efforts of preventing occupational accidents and diseases. The application of OSH is basically intended to protect workers from Occupational Accidents (*Kecelakaan Kerja - KK*) and Occupational Diseases (*Penyakit Akibat Kerja - PAK*) as well as other diseases/health problems for workers and other people in the workplace, including ensuring that the production process run efficiently and productively.

The OSH program is very important to be implemented in a workplace because every worker always faces potential hazards originating from his or her work and/or work environment. On average, one-third of workers' time is used in their workplaces and they face a double burden of diseases, because in addition to facing risks of general diseases, they also face the risk of specific diseases, namely occupational diseases/illness (PAK), both physically and mentally, as well as the risk of occupational accidents/injuries (KK), all of which often lead to pain, disability and fatality¹. The potentials and risks as well as the double burdens faced by workers are illustrated in Figure 1.

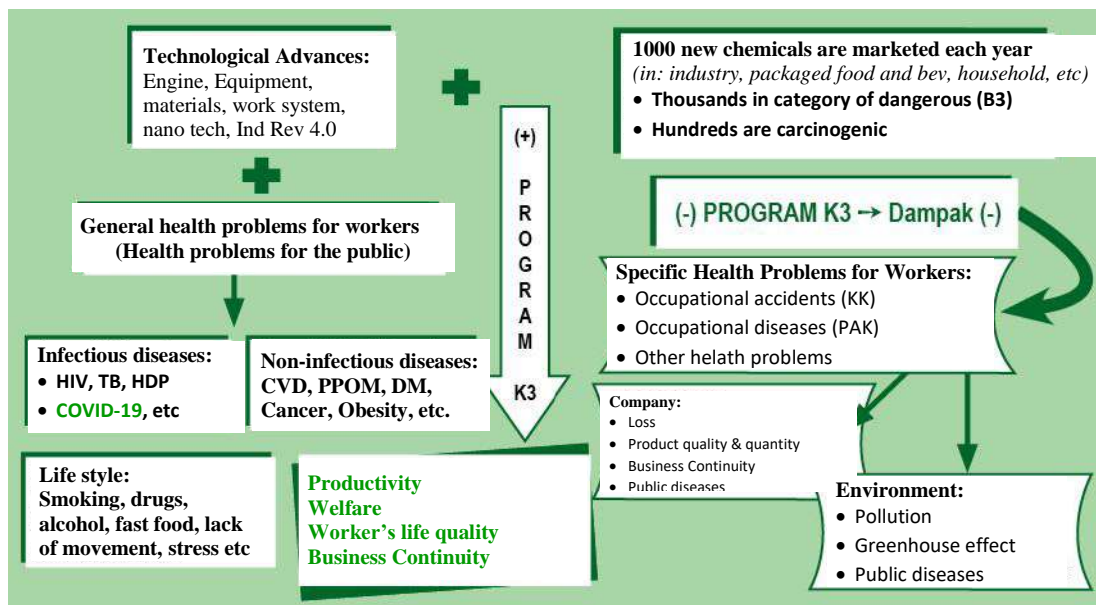


Figure 1. Illustration of different potentials and risks as well as the double burden of diseases faced by workers if they do not have OSH protection.

¹Boschman, J. S., Brand, T., Frings-Dresen, M. H. W., & van der Molen, H. F. (2017). Improving the assessment of occupational diseases by occupational physicians, Occupational Medicine.

The illustration illustrates that the longer people are in the workplace, the higher they are risky of experiencing KK or PAK or other health problems. Risks in the workplace also have the potential to reduce the quality of health and quality of life of workers' children due to exposure to tools and materials in the work process that negatively affect the reproductive system of male and female workers such as infertility, abortion, infant mortality, stunting, birth defects, both physical and mental, for example due to the risk of toxic chemicals and harmful radiation such as ionizing radiation.

Factors for the occurrence of KK and PAK cases include workplace conditions, human/worker factors and interaction between workers and elements in the workplace. The figure below illustrates the factors for the occurrence of KK and/or PAK cases.



Figure 2. Illustration of the factors for the risks of KK and PAK.

According to global data released by the International Labour Organization (ILO), the number of KK and PAK cases globally reaches 430 million per year consisting of 270 million (62.8%) KK cases and 160 million (37.2%) PAK cases, causing the death of 2.78 million workers every year. 40% of the KK and PAK cases happens to young workers. The estimated economic loss is 3.94% - 4% of a country's Gross Domestic Product (GDP). Other references state that medical costs associated with KKs and PAKs in the United States are estimated at \$67 billion plus indirect costs of almost \$183 billion².

The implementation of the OSH program is aimed at preventing/minimizing the occurrence of occupational accidents, occupational diseases and other diseases or health problems for workers and other people in the workplace. The implementation of OSH will create healthy, safe, comfortable, and productive working conditions and work places/environments, thereby preventing or minimizing the losses and supporting business progress and sustainability.

² Juka Takala, H., Tan, T., & Kiat, B. (2017). *Global Estimates Of Occupational Accidents And Work-Related Illnesses 2017*.

Various impacts and losses due to occupational accidents and occupational diseases are illustrated in the following figure.

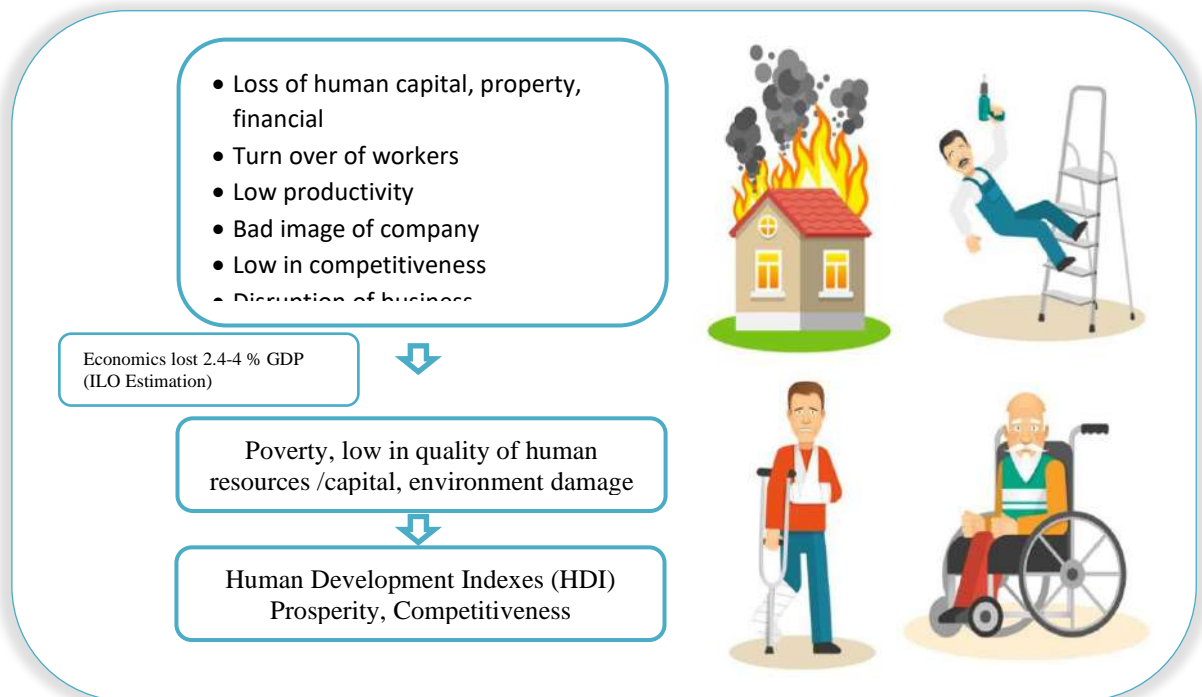


Figure 3. Illustration of various impacts and losses due to occupational accidents and Occupational Diseases

Impacts and losses due to KK/PAK can be in the form of increased costs, reduced human resources of productive age, decreased productivity, increased poverty and unemployment, reduced quality of workers and their families and society as a whole which causes significant losses in economic and development aspects. Whether we realize it or not, cases of KK/PAK and other diseases on workers have a great impact on the decline in the capacity and quality of human resources and cause various losses for workers, companies, the government and the community.

On the contrary, investments made in the implementation of OSH will be a return on investment (ROI), both in the short term and in the long term, increasing business competitiveness and maintaining business sustainability. The OSH program also makes a positive contribution to community welfare and environmental protection through green productivity

OSH protection is the right of all people employed in an organization, including those working under contract. OSH protection is also a human right³. OSH is also part of the right of every

³London, L. (2011). Human rights and health: Opportunities to advance rural occupational health. International Journal of Occupational and Environmental Health.

Indonesian citizen to live and work properly as mandated in Paragraph 2 of Article 27 of the 1945 Constitution. This is also in line with the ILO principle on decent work⁴.

Recognizing the importance of OSH as well as responding to global challenges, at the 110th International Labour Conference (ILC) in 2022, a resolution has been adopted on Occupational Safety and Health (OSH) as **fundamental principles and rights at work**.. This is in line with the 2019 ILO Declaration (ILO Centenary Declaration for Future of Work) that “**Safe and Healthy Working Conditions are fundamental to decent work**”. The declaration was also strengthened by the awareness of the importance of OSH to respond to the challenges of global change caused by changes in technological innovation, demography, climate change and globalization including the COVID-19 pandemic and its profound and transformative impacts on the world of work.

OSH is also an important element in global competition, along with the implementation of international standards such as the OSH Management System (ISO 45000 Series), Quality Management System (ISO 9001 series), Environmental Management System (ISO 14000 series) and other international standards. In the era of globalization, the world community is also increasingly demanding environmentally-friendly production processes and products (green productivity). Issues regarding green productivity and global warming are also closely related to OSH.

At the global level, the OSH program is part of the indicators for the Sustainable Development Goals (SDGs 2030) specifically related to Target 1: Eradicate Poverty, Target 3: healthy lives and promote well being for all, and Target 8: inclusive and sustainable economic growth, productive employment and decent work for all. These programs must be implemented in a coordinated, collaborative and synergized manner according to Target 17: partnerships for sustainable development, which has become an agreement and commitment of countries in the world.

At the regional or country level, OSH makes an important contribution in reducing losses, improving the quality of life and the Human Development Index (HDI) to realize the success of quality, competitive and sustainable development, and increasing national competitiveness in the global era. There is a relationship between OSH and competitiveness between countries as illustrated in Figure 3 below which shows that the fatality rate of KK and PAK cases in a country is inversely proportional to the country's level of competitiveness, the higher a country's fatality rate of KK and PAK, the lower the country's level of competitiveness.

⁴ILO Decent Work.. *Ilo- Decent Work* 2003

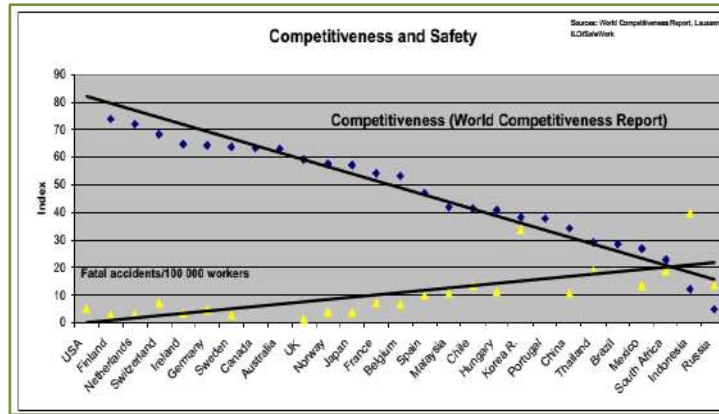
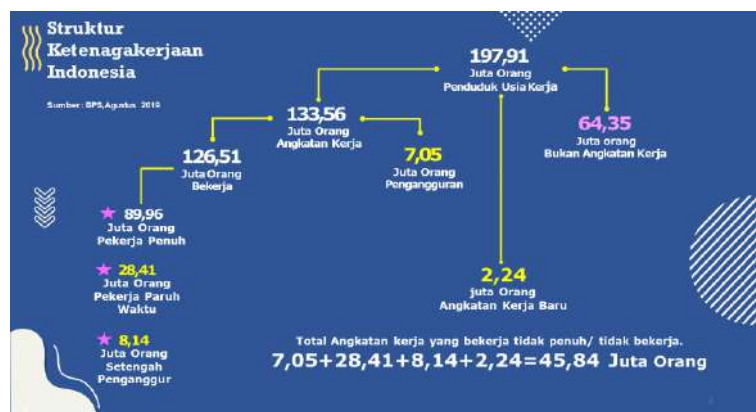


Figure 4. Graph of the relationship between the fatality rate due to KK and PAK and the competitiveness of a country
(Source: *World Competitiveness Report, ILO Safework 2003*)⁵

From the above, there is a clear picture that good OSH implementation is an important factor in preventing losses and increasing social and economic benefits for workers, employers, government, and society or the nation and state as a whole. On the contrary, the impact of not implementing OSH properly is the loss of current and future generations of human resources, material, economic and social, environmental and other aspects of development.

Workers as productive Human Resources (HR), because they are a socio-economically active population, are the main capital (human capital assets) to achieve organizational goals, with a central and strategic role in achieving national development goals to realize productivity and welfare so that they must be protected in term of their safety, health and social security aspects.⁶

The protection program for workers as a form of protection for productive age human resources in Indonesia has a target of 126.51 million workers out of 135.66 million workers, or almost 50% of the total population of 270.2 million people (BPS, August 2019). The proportion of the workforce and the total population of Indonesia is depicted in Figure 7.



⁵ *World Competitiveness Report, ILO Safework 2003.*

⁶ Boschman, J. S., Brand, T., Frings-Dresen, M. H. W., & van der Molen, H. F. (2017). Improving the assessment of occupational diseases by occupational physicians, *Occupational Medicine*.

Figure 5. Description of the size of the workforce and workers in Indonesia

Currently, Indonesia is receiving a demographic bonus, but KK and PAK cases are still high and increasing, which are dominated by young workers. The implementation of OSH is, therefore, a necessity as well as an important and strategic investment for the progress and competitiveness of Indonesia today and in the future along with the realization of the **Golden Indonesia of 2045**. Furthermore, OSH must become a mainstream program in national development, in terms of human resources, economy, and the environment as well as other aspects development. OSH education and cultivation for young people must also be an important and more basic concern. OSH should also be introduced from an early age through the formal and informal education and on an ongoing basis according to education level, as an important investment in the aspect of superior human resources.

Industrial developments and advances in information technology as well as various changes and dynamics in the era of digitalization and globalization have a positive impact on improving human development and welfare. The industrial revolution 4.0 and the conditions of Volatility, Uncertainty, Complexity, Ambiguity (VUCA) where the environment is changing and unpredictable greatly affects the business world and has an impact on all aspects of human life, including in the field of employment and OSH.

On the other hand, these various changes and dynamics lead to the emergence of new work patterns and working relationships, new work risks, and higher human mobility, thus potentially increasing new problems and risks, including the COVID-19 pandemic. In the digital era, workers can do work outside their workplace including at home and in public places. This should also be considered in the development and implementation of the OSH program.

The COVID-19 pandemic affects more than 29 million workers in Indonesia. Findings of the August 2020 labour force survey revealed that 2.6 million workers lost their jobs due to the pandemic, and 24 million workers suffered from reduction in hours and wages, pushing down average wages by 5.2 percent between August 2019 and August 2020. Vaccination against COVID-19 brings hope of economic recovery. There is an urgency to save jobs and, at the same time, expand employment opportunities for Indonesia to come out of the COVID-19 crisis stronger and more productive.

On the other hand, the COVID-19 pandemic presents its own challenges, namely the emergence of new work patterns that have never been considered such as remote work patterns (working from home) or workers/labourers not having to be present in the office, digital work, electronic commerce and flexible working hours. Another impact is the growth of many new jobs. This also requires special attention in the implementation of the OSH program including adapting the labour inspection method based on the characteristics of the current jobs.

The methods of labour inspection and OSH services and other employment services that have been implemented physically or in the field need to be combined with methods of using

information technology and even maximizing the use of social media and online systems in providing public services.

The COVID-19 pandemic has also made us more aware of the importance of implementing OSH which must be implemented comprehensively, not only in the form of occupational safety programs but also occupational health programs and workers health programs as well as social security (social protection) programs so that workers can work safely, healthily, comfortably and productively so that workers can have a prosperous life during and post employment. The Occupational Accident Benefit Program (JKK) is also part of the Jamsostek program which is very important because not all occupational accidents and diseases can be prevented.

This comprehensive OSH protection must be seen as part of human resource management to protect and optimize the contribution of workers as human capital assets, thereby supporting progress, competitiveness and business sustainability.

- ❖ Workers are very important and strategic human capital assets for companies/organizations
- ❖ HR managers of companies/organizations must pay attention to the protection of workers' **health, OSH and social security** as part of overall HR management
- ❖ Serious attention to the protection of **health, OSH and social security** for workers will provide added value for the companies':
 - Advancement;
 - Competitive advantage, and
 - Business sustainability

Box 1. The importance of the OSH program accompanied by health and social security programs.

At the national level, Indonesia already has adequate legal instruments, inspection systems, organizational resources, and human resources in the implementation of OSH. Different policies, programs/activities have been issued, implemented, and developed by different government and private parties. However, the incidence of KK, PAK, and other diseases/health problems among workers is still high and tends to increase. This condition certainly leads to great losses for the business world and the industrial world (*dunia usaha dan dunia industri* - DUDI) in particular and the society and the nation and state in general.

Occupational accidents and diseases in Indonesia are indicated to tend to increase, although complete case data that represent national figures are not yet fully available. Based on data on the number of workers who received benefit from the Occupational Accident Benefit (JKK) program by the Social Security Administering Body (BPJS) for Employment, from 2019 to 2021, there were 210,789 people (4,007 fatal), 221,740 (3,410 fatal) and 234,370 (6,552 fatal) beneficiaries. Compensation costs incurred from 2019 to 2021 are, respectively: IDR 1.58 T, 1.56 T, and 1.79 T. The data certainly does not portray the national representation because it

only comes from a total of 30.66 million workers (who are participants in the Employment BPJS program), from a total of 126.51 million workers in Indonesia.

The various problems and conditions mentioned above must be used as both challenges and opportunities to make new creative and innovative approaches or breakthroughs, so that work is more effective to achieve progress in OSH which in turn makes a greater contribution to the success of quality, prosperous and sustainable development.

The implementation of OSH requires a multidisciplinary scientific role and, consequently, a multi-professional role and the contribution of multi-stakeholders as well as the wider community. So far, different parties, from government and private elements, universities, professions and communities as well as society, have played their respective roles in the implementation of OSH in Indonesia. For this reason, it is necessary to compile documents on the implementation of OSH in the National OSH Profile.

This National OSH Profile was prepared to fulfill the mandate of Presidential Regulation no. 34 of 2014 concerning Ratification of ILO Convention No. 187 of 2006 concerning **The Promotional Framework for Occupational Safety and Health** and the ILO Convention 155 concerning Occupational Safety and Health. For this reason, Indonesia must also develop a National OSH Strategy.

The National OSH Profile is a description or portrait of the national OSH condition in Indonesia which includes, among others, the OSH program that has been implemented, the results that have been achieved including lagging indicators such as the KK/PAK level, as well as process indicators (leading indicators) such as preventive and promotive efforts, implementation of Occupational Health and Safety Management System (SMK3), and company assessment in the OSH award program. This profile also describes the parties/agencies that have played a role, challenges, problems/obstacles, alternative solutions, targets to be achieved and others.

This National OSH Profile is expected to encourage the improvement of the roles of various sectors/stakeholders and the community through collaboration, coordination and synergy of the program to accelerate the improvement of the performance of the National OSH program. Different OSH programs by different stakeholder components must be directed to improve the OSH culture and its maturity level in Indonesia.

It is hoped that the importance of OSH will be increasingly realized and become a necessity and culture for everyone in every work activity and other life activities. The next hope is that **OSH** will increasingly contribute to economic growth and quality and sustainable development progress towards **Indonesia Gold of 2045**.

B. SUBJECTIVES

The National OSH Profile is important information and infrastructure to improve the achievement of OSH in a sustainable manner.

1. General Purpose

In general, the development of the National OSH profile aims to provide a document representing national and sectoral OSH conditions and developments as important public information. This document is expected to be a reference in the implementation, development, and evaluation of OSH programs at the national, sectoral and company levels in the context of improving the OSH culture in a sustainable manner in Indonesia.

2. Specific Purpose

Specifically, the development of the National OSH profile aims to:

- a. Identify achievements in lagging indicators and leading indicators of the national OSH program.
- b. Identify various resources and potential roles of different parties to optimize their respective roles and functions as well as their collaboration and synergy in OSH;
- c. Identify obstacles, challenges and opportunities as well as alternative solutions for improving national OSH in a sustainable manner.
- d. Provide materials for developing OSH programs at every level and nationally and sectorally for all stakeholders;
- e. Increase the contribution and added value of OSH in improving the quality, prosperous and sustainable economy and development.
- f. Serve as materials for consideration in developing the National OSH Strategy and priority scale at the national and sectoral levels.

CHAPTER II

LEGAL AND POLICY FRAMEWORK FOR OCCUPATIONAL SAFETY AND HEALTH

A. NATIONAL OSH LEGAL FRAMEWORK

Indonesia has had a legal basis for OSH since 1910 with the issuance of VR (Veiligheid Reidsreglement) Stbl 406 concerning Police Repressive Work Safety and the Steam Law of 1930. A more complete National OSH legal framework began in 1970 marked by the issuance of the Law No. 1 of 1970 concerning Occupational Safety which is preventive-educative in nature, followed by the issuance of various implementing OSH regulations, standards, and guidelines covering aspects of engineering, occupational health, and the work environment.

In 1996, Indonesia developed a comprehensive OSH regulation with a systematic approach through the Minister of Manpower Regulation No. 05 of 1996 concerning the Occupational Health and Safety Management System (SMK3) which is “Mandatory” in the frame of labour protection. Then in 2003, occupational safety protection was included in Article 86 and Article 87 of Law no. 13 of 2003 concerning Manpower, that every worker has the right to have protection for occupational safety and health. Article 87 of Law no. 13 of 2003 also stipulates that every company is required to implement an Occupational Safety and Health Management System (SMK3) which is integrated with the Company Management System.

The national OSH legal framework has been issued through an initial process at the Ministry of Manpower as the leading sector for OSH in Indonesia. Several other ministries/sectors (outside the ministry of manpower) have also issued laws or regulations that more or less contain substances regarding sectoral OSH.

The implementation of OSH in Indonesia is also supported and/or related to other laws including Law No. 36 of 2009 concerning Health, Law No. 23 of 1997 concerning Environmental Management, Law No. 22 of 2001 concerning Oil and Gas, Law no. 2 of 2017 concerning Construction Services, Law No. 11 of 2014 concerning Engineering, Law No. 32 of 2014 concerning Marine Affairs, Law no. 17 of 2008 concerning Shipping, Law no. 15 of 2016 concerning Ratification of the 2006 Labour Convention (Maritime Labour Convention, 2006), and Law no. 11 of 2020 concerning Job Creation. Thus, the implementation of OSH is also part of the implementation of programs in various sectors or agencies/ministries.

After the promulgation of Law no. 11 of 2020 concerning Job Creation, Government Regulation (GR) No. 5 of 2021 concerning Risk-Based Business Licensing. This GR also contains the licensing for the OSH sector, the service process of which uses an integrated electronic system or Online Single Submission (OSS) System. In this case, the OSH licensing is also aligned with Law no. 1 of 1970 so that the holder of risk-based business licensing in the field of OSH is a leveled employment agency that is integrated and coordinated with other ministries/agencies through the OSS System under the coordination of the Ministry of Investment/Investment Coordinating Board (BKPM).

The implementing regulations, guidelines, and standards for the OSH are continuously developed, evaluated, revised and simplified through coordination, synergy and collaboration with related Ministries/Agencies. Below is a list of laws and regulations regarding OSH that outline the national OSH legal framework. The OSH Technical regulations can be seen in appendix II.

- ❖ Steam Law of 1980 (*Stoom Ordonnantie* 1930);
- ❖ Law 3 of 1951 concerning the Declaration of the Applicability of the Labour Inspection Act of 1948 no. 23 from the Republic of Indonesia for the whole of Indonesia;
- ❖ Law No. 1 of 1970 concerning Occupational Safety;
- ❖ Law No. 13 of 2003 concerning Manpower;
- ❖ Law no. 21 of 2003 concerning Ratification of the ILO Convention No. 81 Concerning Labour Inspection in Industry and Commerce;
- ❖ Law No. 11 of 2020 concerning Job Creation;
- ❖ Government Regulation No. 50 of 2012 concerning the implementation of the Occupational Health and Safety Management System.

Box 2. National OSH Legal Framework

Law No. 1 of 1970 is the main Law concerning OSH in Indonesia which also refers to the 1945 Constitution of the Republic of Indonesia, especially articles 5, 20, and 27. Law No. 1 of 1970 regulates occupational safety (including occupational health in all workplaces, whether on land, in the ground, on the surface of the water, in the water or in the air, within the jurisdiction of the Republic of Indonesia) as stated in Article 2 paragraph (1). Basically, the substance of the regulation is oriented towards realizing an OSH culture by focusing on efforts/enculturation to prevent KK and PAK (occupational accident/injury and diseases), without ruling out other diseases/health problems on workers.

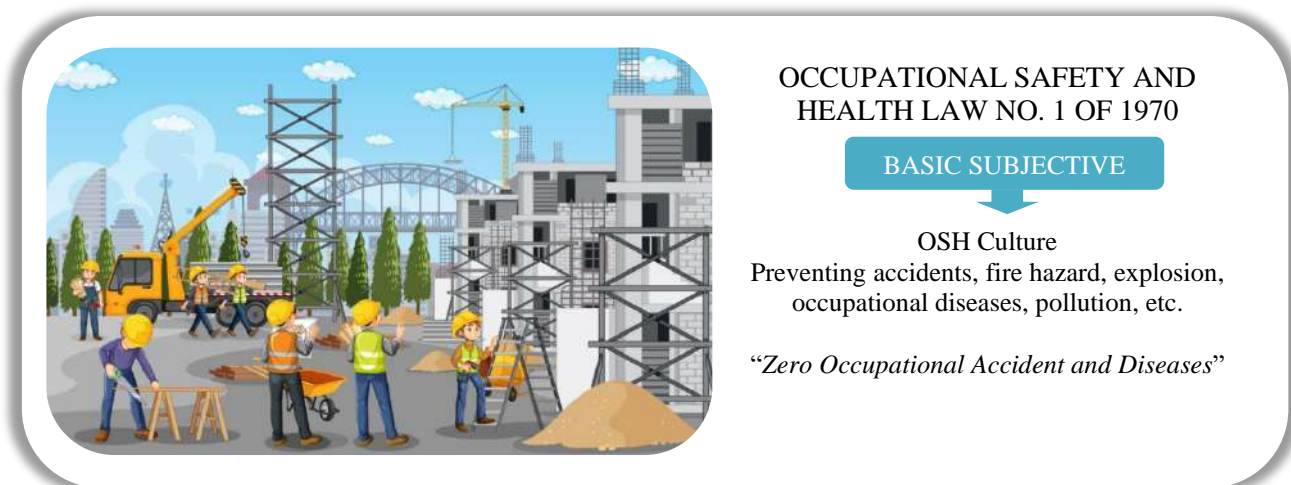


Figure 6. The focus of the OSH Program is the KK and PAK Prevention Culture

Consideration in the development of Law no. 1 of 1970 is based on:

1. every worker has the right to protection for his safety in doing work for welfare and increasing national production and productivity;
2. that everyone else who is in the workplace needs to be guaranteed of their safety;
3. that every source of production needs to be used and utilised in a safe and efficient manner;
4. that in relation with this, it is necessary to make every effort to guide occupational protection norms;

5. that the development of these norms needs to be realized in a law which contains general provisions on occupational safety in accordance with the development of society, industrialization, engineering and technology.

The scope of the enactment of this Law is determined by three elements, namely:

1. the place where work is performed for a business;
2. the presence of workers who work there; and
3. the existence of occupational hazard in the place.

The businesses referred to in this law are not only those with economic or profit motives, but also include *social businesses such as workshops in technical schools, recreational businesses and in hospitals, where hazardous electrical and/or mechanical installations are used.*

The OSH requirements contained in Law No. 1 of 1970 are the basic reference for the implementation of OSH in every type of work and in all business sectors. The law contains overall OSH requirements including requirements for occupational health protection even though it is called the Occupational Safety Law, as contained in Article 3 as in the box below.

OSH REQUIREMENTS (ART. 3 OF LAW 1/1970)
<p>By the statutory regulation, occupational safety requirements are established for:</p> <ol style="list-style-type: none">a. Prevent & reduce accidentsb. Prevent & reduce & extinguish firesc. Prevent and reduce explosion hazardd. Provide an opportunity or a way to save oneself in the event of a fire or other dangerous evente. Provide first aidf. Provide PPEg. Prevent & control the emergence/spread of temperature, humidity, dust, dirt, smoke, gas, wind gusts, weather, light/radiation, sound and vibrationh. Prevent and control PAK (physical & psychological), poisoning, infection and transmissioni. Get sufficient & appropriate lightingj. Maintain a good temperature & humidityk. Arrange sufficient air refreshl. Maintain cleanliness, health & orderm. Reach harmony between the workers, the environment, the work method & the work processn. Secure and facilitate the transportation of people, animals, plants or goods;o. Secure and maintain all types of buildings;p. Secure and expedite the work of loading and unloading, processing and storage of goods;q. Prevent exposure to dangerous electric currents;r. Adjust and improve security in jobs where the potential accidents is increasing.

Box 3. OSH requirements according to Law no. 1 of 1970

The OSH requirements as referred to in Article 3, it appears that the requirements for occupational health and work environment are also an important part with a portion of approximately 50% as described in box 4 below.

Law No. 1 of 1970: OCCUPATIONAL SAFETY

OSH requirements (Law No. 1/70, article 3) related to the Occupational Health & Work Environment:

1. Provide first aid
2. Provide PPE
3. Prevent & control the emergence/spread of **temperature, humidity, dust, dirt, smoke, gas, wind gusts**
4. Prevent and control **PAK**
5. Get sufficient & appropriate **lighting**
6. Maintain a good **temperature & humidity**
7. Arrange sufficient **air refresh**
8. Maintain **cleanliness, health & order**
9. Reach harmony between the **workers, the environment, the work method & the work process**

Box 4. Requirements for Occupational Health and Work Environment in Law No. 1 of 1970

Health examination for workers are also an important concern and are specifically included in Article 8 of Law No. 1 of 1970 concerning Occupational Safety.

Article 8:

- Examination of the body's health, mental condition & physical ability of workers to be accepted & transferred according to the nature of work
- Regular medical check-up by a doctor appointed by the employer & justified by the director (Director General in charge of Labour Inspection)

Box 5. Mandatory Health Examination according the mandate of Law No. 1 of 1970

Attention to OSH protection for new workers is also very important to be paid and fulfilled. This is also specifically contained in Article 9 of Law No. 1 of 1970, namely:

- 1) The management is required to show and explain to each new worker about:
 - a. Conditions and hazards that may arise in the workplace;
 - b. All safeguards and protective equipment required in the workplace;
 - c. Personal protective equipment for the workers concerned;
 - d. Safe ways and attitudes in performing their work.
- 2) The management can only employ the worker concerned after he or she is sure that the worker has understood the requirements mentioned above.
- 3) The management is required to organize briefing for all workers under their leadership, in preventing accidents and eradicating fires as well as **improving occupational safety and health**, as well as in providing first aid for accidents.
- 4) The management is required to fulfill and comply with all the terms and conditions that apply to the business and the workplace that it operates.

Article 9 of Law no. 1/1970

- (1) Management shall be required to show and explain to new workers:
 - Conditions & hazards that may arise in the workplace
 - All required safety devices and protective equipment
 - Personal protective equipment (PPE) for the workers concerned
 - Safe work methods and attitudes
- (2) Only employ workers if they believe that the worker has understood the K3 requirements
- (3) Management shall be required to provide OSH Advisory event
- (4) The management shall be required to fulfill and comply with all the provisions that apply to the business & workplace operated

Article 10 of Law no. 1/1970

Establishment of an occupational safety and health advisory committee (P2K3)

Box 6. The Obligation to Protect New Workers and the Establishment of P2K3

The OSH at the company/workplace level must be implemented by the unit of the Occupational Safety and Health Committee (*Panitia Pembina Keselamatan dan Kesehatan Kerja - P2K3*) as stipulated in Article 10 of Law no. 1 of 1970.

Article 12 of Law no. 1 of 1970 regulates the workers' obligations or rights, including:

- a. Providing correct information when requested by occupational safety supervisory officers or experts;
- b. Wearing the required personal protective equipment;
- c. Fulfilling and complying with all required occupational safety and health requirements;
- d. Requesting the Management to implement all the required safety and health requirements.
- e. Expressing objections to work where the required occupational safety and health requirements and personal protective equipments are doubted by him or her unless in special cases determined otherwise by the supervisory officers within the limits that can still be accounted for.

Article 14 regulates the obligations of the Management, including:

- a. In writing, placing in the workplace they lead, all required occupational safety requirements, this law and all implementing regulations that apply to the workplace in question, in places that are easily seen and readable and according to the instructions of the occupational safety supervisory officers or experts.
- b. Installing in the workplace they lead, all required occupational safety pictures and all other guiding materials in places that are easily seen and readable according to the instructions of the occupational safety supervisory officers or experts.
- c. Providing, free of charge, all personal protective equipment required for workers under their leadership and provide for every other person entering the workplace, accompanied by the necessary instructions according to the instructions of the occupational safety supervisory officers or experts.

Regulation of OSH requirements as referred to in Article 4 of Law 1 of 1970 in Planning, Manufacturing, Transporting, Circulating, Trading, Installing, Wearing, Using, Maintaining and Storing production materials, tools, machines and equipments that potentially cause accidents. The OSH requirements aim to:

- a. Avoid risks
- b. Prevent accidents
- c. Mitigate the consequences.

The substance of Law No. 1 of 1970 is strengthened in Law No. 13 of 2003 concerning Manpower, in particular Articles 35, 86 and 87. Article 35 of Law no. 13 of 2003 provides for the obligation of the manpower placement implementers to provide protection since the recruitment to placement of workers. Employers in employing workers are **required to provide protection that includes the welfare, safety, and health of workers, both mental and physical.**

Article 86 of Law no. 13 of 2003 provides for the obligation of companies to take occupational safety and health efforts (OSH efforts). As stated in the explanatory chapter of Article 86, OSH efforts are aimed at **providing safety guarantees and improving the health status of workers/labourers by means of prevention, hazard control, promotion, medication and rehabilitation.**

Article 87 mandates that every company shall implement SMK3, the technical arrangements of which have been stipulated through Government Regulation no. 50 of 2012 concerning the Implementation of SMK3.

In general, the pattern of implementation of Law no. 1 of 1970 and its implementing regulations are as follows.

OSH Norm Implementation Pattern

- Managed through an agency/unit that administer OSH- approved by the(Prov/Nat) Manpower Agency
- Implemented by competent human resources & authorized in the field of OSH
- Implemented through the implementation of SMK3 in accordance with GR 50/2012 and relevant regulations/standards (SMK3 according to sector characteristics, ISO 45001 Series, etc.)
- Implemented on an ongoing basis so that OSH becomes a more mature workplace culture

Box 7. Points of OSH Norm Implementation Patterns.

In order to provide more optimal benefits, the OSH efforts/programs must be implemented comprehensively, as illustrated in the chart below.

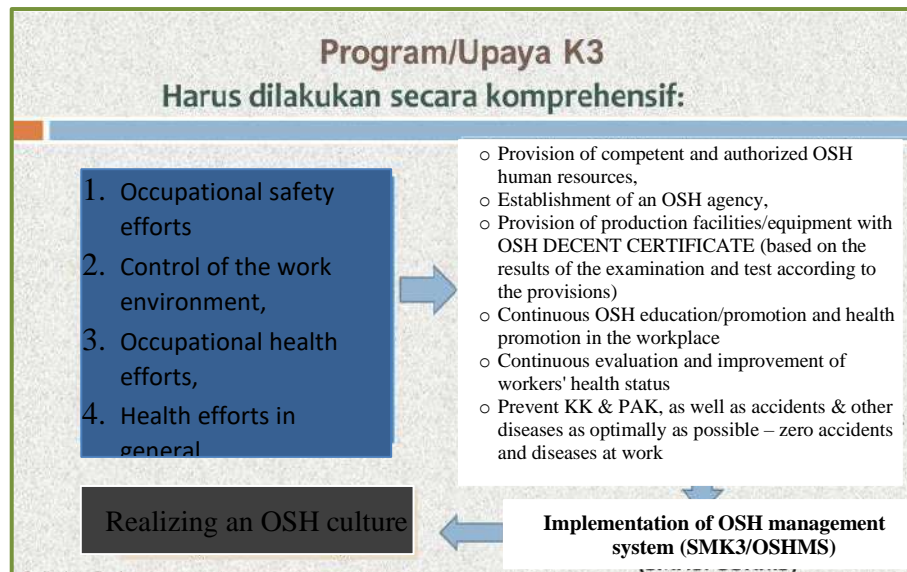


Figure 7. Chart of OSH Efforts Taken Comprehensively.

In the implementation of this law, supervision is required. Therefore, a sufficient number of supervisory officer with sufficient qualifications/competencies are required. The Minister of Manpower may decentralize the implementation of supervision over the widespread observance of this Law, while HER NATIONAL POLICY remains HER RESPONSIBILITY and is in her hands, so as to ensure UNIFORM and CORRECT implementation for all of Indonesia.

B. NATIONAL SOCIAL SECURITY REGULATION REGARDING OSH

National Social Security is a state program that aims to provide certainty of social protection and welfare for all Indonesian people as mandated in Article 28H of paragraph (1), paragraph (2) and paragraph (3) and Article 34 paragraph (1) and paragraph (2) of the 1945 Constitution of the Republic of Indonesia.

National Social Security is regulated through Law No. 40 of 2004 concerning the National Social Security System (SJSN), Law no. 24 of 2011 concerning the Social Security Administering Bodies (BPJS) and its implementing regulations. Every working person (Civil Servants, Army/Police, wage workers and non-wage/self-employed workers) must be included in two social security program schemes, namely the National Health Insurance (JKN) program and the Employment Social Security Program (JAMSOSTEK). The JAMSOSTEK program consists of 5 (five) programs, namely the Occupational Accident Benefit Program (JKK), Death Benefit (JKM), Old Age Benefit (JHT), and Pension Benefit (JP) according to the stages stipulated in the regulations. Based on Law no. 11 of 2020 concerning Job Creation and its implementing regulations, there is an additional Job Loss Benefit (JKP) program. For civil servants, their Employment Social Security program is still provided by PT TASPEN, while for the Army and the Police it is by PT ASABRI.

The purpose of the Social Security system and program in general is to provide guarantees for all people in order to meet their basic needs of a decent life. The specific objectives of the Social Security Program are, among others, to:

- 1) Ensure the improvement of the workers' and their families' welfare

- 2) Provide income for replacement of the interrupted income due to social and economic risks such as illness, occupational accidents and diseases, job loss, old age, retirement, and death for each participant and/or his or her family.

Some of JAMSOSTEK regulations are related to the protection of OSH in the event of a KK or PAK. Regulations regarding Social Security in the event that workers have KK or PAK as stated in the box below:

1. Law no. 40 of 2004 concerning the National Social Security System;
2. Law no. 24 of 2011 concerning the Social Security Administering Bodies;
3. Government Regulation no. 44 of 2015 and its Amendment by Government Regulation No. 82 of 2019 concerning the Implementation of the Occupational Accident Benefit and Death Benefit Programs;
4. Government Regulation no. 70 of 2015 concerning Occupational Accident Benefit and Death Benefit for State Civil Apparatus Employees;
5. Presidential Regulation No. 7 of 2019 concerning Occupational Diseases.
6. The Minister of Manpower and Transmigration of the Republic of Indonesia Regulation. No. 25 of 2008 concerning Guidelines for the Diagnosis and Assessment of Disabilities due to Occupational Accidents and Diseases;
7. The Minister of Manpower Regulation No. 10 of 2016 concerning Procedures for Providing Return to Work Programs as well as Promotional and Preventive Activities of Occupational Accidents and Diseases;
8. The Minister of Manpower Regulation No. 5 of 2021 concerning Procedures for the Implementation of Occupational Accident Benefit, Death Benefit, and Old Age Benefit Programs;
9. The Minister of Manpower of the Republic of Indonesia Decree No. 28 of 2015 concerning the Appointment and Dismissal of Advisory Doctors.

Box 8. Regulations regarding KK and PAK Benefit

The principles contained in the above-mentioned regulations regarding KK and PAK include, among others, that every worker who suffers from KK or PAK must be provided with Occupational Accident Benefit (JKK) compensation which is different from the health program for handling diseases in general. The company's obligations to its workers in the protection against KK and PAK through social security programs, according to regulations, include:

1. Enrolling its workers to the employment social security program;
2. Reporting the KK or PAK cases to the local Manpower Office and BPJS Employment Office no later than 2 x 24 hours after the accident or after the diagnosis of PAK has been made (using the established form and attaching supporting documents);
3. Facilitating (for workers who are participants in the JKK-BPJS Employment) or providing (for workers who are not participants in the JKK-BPJS Employment) compensation in the form of Occupational Accident Benefit (JKK), pursuant to regulations, for workers who suffer from PAK or their heirs.

At the time this document was prepared, the 2nd Amendment to Government Regulation Number 44 of 2015 concerning Occupational Accident Benefit and Death Benefit is in progress, which included a clause that a case of suspected PAK (not yet diagnosed with PAK) is provided health services until it is proven or diagnosed whether or not it is a PAK.

National regulations on OSH, employment and social security have basically mandated that every worker is required to have protection of work norms, OSH norms and employment social security norms including national health insurance. These regulations mandate that every worker is required to have protection of work norms, OSH norms, and Social Security norms

in the form of Occupational Accident Benefit (through BPJS Employment and other employment social security programs) and health insurance (through BPJS Health). This is intended to allow workers with employment risks have social security certainty. There are many benefits of the JKK program for workers who suffer from KK or PAK.

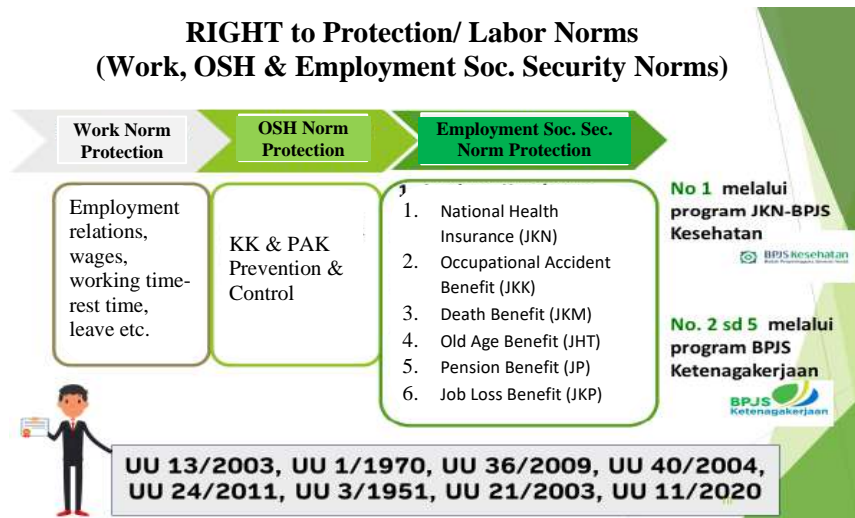


Figure 8. Comprehensive Employment Norms Protection Chart.

C. NATIONAL OSH POLICY

The National OSH Policy refers to Law no. 1 of 1970 which is supported by relevant laws and regulations for implementing OSH. The National OSH policy covers, among others: OSH Enculturation, Implementation of OSH Management System, OSH Institutions, OSH HRs, Occupational Accident and Disease Reporting System and Statistics, and Labour Supervision on OSH.

1. OSH Enculturation Policy

The government through the Ministry of Manpower as the leading sector for OSH in Indonesia issues national policy directions through the commemoration of the National OSH Month in 12 January to 12 February every year. This is done to improve the community's ability in implementing OSH independently through various activities such as socialization, campaigns, promotions, information dissemination, workshops, seminars, conventions, mentoring and others.

Since 1984 (when the Minister of Manpower Decree No. KEP.13/MEN/1984 on the National OSH Campaign Pattern was launched). The government together with stakeholders have made efforts to increase awareness and understanding as well as the role of different parties regarding OSH through an intensive OSH National Campaign every 12 January to 12 February.

It was in 1990 that for the first time 12 January is set to be the National Occupational Health and Safety Day through the Minister of Manpower Decree No. Kep. 425/MEN/1990 and its launching was conducted by the President of the Republic of Indonesia, Suharto, at the State Palace at the Marking of the OSH Month. The granting of the Zero Accident Award accompanied by the simultaneous launch of OSH Month Postage Stamps, Envelopes and Stamps throughout Indonesia.



Figure 9. The Launching of the First OSH Month in 1990 by the President of the Republic of Indonesia Mr. Suharto

From 1993 to 2008, the National OSH Campaign became the **National Occupational Health and Safety Movement** which refers to the Minister of Manpower Decree Number KEP.463/MEN/1993 which is known as the **National OSH Month**.

The implementation of the National OSH Month since 2009 has changed its strategy from the “**National Movement of Enculturating OSH**” to the “**Society Effective Movement of Enculturating OSH (GEMA DAYA K3)**” which was launched on 12 January 2009. In 2009, the Minister of Manpower and Transmigration issued the Minister of Manpower and Transmigration Decree Number KEP.372/MEN/XI/2009 concerning Guidelines for National Health and Safety. To further support this policy, on 16 October 2012, the Minister of Manpower and Transmigration launched a campaign to enculturate OSH with the tagline, “**I CHOOSE TO BE SAFE**”.

In 2010, coincided with the 100th year of OSH in Indonesia, the implementation of GEMA DAYA K3 is directed at the achievement of “**Indonesia with an OSH Culture of 2015**”. The Director General of Labour Inspection issued the Decree No. KEP.02/DJPPK/PNK3/X/2009 and stipulated the Vision of “Indonesia with an OSH Culture of 2015”.

In 2014, the Government of Indonesia **strengthened Law No. 1 of 1970** through Ratification of ILO Convention No. 187 with the issuance of Presidential Regulation No. 34 of 2014 concerning Ratification of the Convention Concerning the Promotional Framework for Occupational Safety and Health/Convention 187, 2006 which focuses on the efforts of ILO member countries to promote occupational safety and health frameworks through national policies, systems and programs in achieving the realization of a **National Occupational Safety and Health Culture**, namely a culture where the right to a safe and healthy work environment is respected on all segments.

With the implementation of the Ratification of ILO Convention No. 187, the implementation of the activities of Indonesia with an OSH Culture since 2015 has been increased to the achievement of “**Independence of the Indonesian Community with an OSH Culture in 2020**”. Furthermore, the direction of the current national OSH policy is stated in the Minister of Manpower Decree No. 202 of 2021 concerning: Guidelines for the Implementation of the National OSH Month for the period of 2020 – 2024, with the national OSH policy is directed at realizing: “**Independence of the Indonesian Community with a Sustainable Occupational Health and Safety Culture in 2025**”.

To realize the Independence of Indonesian Society with OSH Culture, the themes of the National OSH Month have been launched every year.

Table 1. Annual National OSH Month Themes

No	Year	OSH Month Theme
1	2015	Through the Implementation of SMK3 We Realize Indonesia with an OHS Culture in Facing Free Trade
2	2016	Enhance Culture To Boost Productivity and Competitiveness in International Markets
3	2017	With the OSH Culture We Improve the Quality of Human Life Towards a Safe, Healthy and Productive Society
4	2018	Through the OSH Culture, we form a nation with character
5	2019	Realize the Independence of Indonesian Society with OHS Culture to Support National Economic Stability
6	2020	Optimizing the Independence of OSH Cultured Society in the Industrial Revolution 4.0 Era Based on Information Technology
7	2021	Strengthening Superior Human Resources and OSH Culture in All Business Sectors
8	2022	Application of OSH Culture in Every Business Activity in order to Support the Protection of Workers in the Era of Digitization

The governors may determine the sub-theme of the implementation of the National OSH month in their respective provinces in accordance with the issues, problems and conditions of OSH as well as the needs in their provinces.

2. Policy on Implementation of Occupational Safety and Health Management System

The National OSH Policy refers to Law no. 1 of 1970. As for the implementation system of the National OSH policy, it is regulated in Government Regulation no. 50 of 2012 concerning the Implementation of the Occupational Health and Safety Management System (SMK3). In this government regulation it is stated that the implementation of SMK3 must be part of the Company's Management System in the context of risk control in the workplace. GR No. 50 of 2012 also mandates that the Business Sector Advisory Agencies can develop guidelines for the implementation of SMK3 as referred to in paragraph (1) in accordance with the needs based on the provisions of laws and regulations.

GR No. 50 of 2012 12 APRIL 2012
GENERAL REQUIREMENTS
<p>Article 1:</p> <p>1) Occupational Safety Management System (SMK3) shall be part of the company's overall management system in order to control risks related to work activities in order to create a safe, efficient and productive workplace</p>

Box 9. Definition of Occupational Health and Safety Management System (SMK3)

In Article 3 of Government Regulation no. 50 of 2012 it is stated that the national policy on SMK3 is included in the Appendices (Appendix I, II, and III) as a guideline for all M/As or sectors in implementing OSH through the implementation of SMK3.

GENERAL REQUIREMENTS

Article 3:

- 1) **The implementation of SMK3 shall be implemented based on the national policy on SMK3**
- 2) **The national policy on SMK3 as referred to in paragraph (1) shall be stated in appendices I, II, and III as an integral part of this GR.**

Article 4:

- 1) **The national policy on SMK3 as referred to in paragraph (3) shall be the guide for companies in implementing SMK3.**
- 2) The business sector advisory agency may develop guidelines for implementing SMK3 as referred to in paragraph (1) according to the needs based on the laws and regulations.

Description:

- Appendix 1: on Guidelines for the implementation of SMK3
- Appendix 2: on Guidelines for Assessment of the Implementation of SMK3
- Appendix 3: on the SMK3 Audit Report

Box 10. National Policy for the Implementation of SMK3

The implementation of OSH through the application of SMK3 is mandatory for all companies employing 100 workers or more, or companies with a high level of potential hazard. In its implementation, the application of SMK3 also refers to international standards in case where national standards regarding the same issues are not yet available in Indonesia.

IMPLEMENTATION OF SMK3

- a. Implementation of SMK3 is **MANDATORY** in the company that:
 - Employs at least 100 (one hundred) workers/laborers; or
 - Has a high level of potential danger
- b. Provisions regarding a high level of potential danger is in accordance with the provisions of laws and regulations

In implementing SMK3, paying attention to legal regulations, conventions or international standards.³

PP 50/2012 pasal 5

Box 11. Provisions on Obligation to Implement SMK3 for Companies.

The National Policy for the Implementation of SMK3 has provided direction and space for the development of policies for the implementation of SMK3 according to sector characteristics by sector advisory agencies as stated in Article 4, paragraph (2) of Government Regulation no. 50 of 2012. Until now, several sectors have developed SMK3 according to the characteristics of their respective sectors, including:

- a. Construction Safety Management System (SMKK)
- b. Mining Safety Management System (SMKP)
- c. Oil and Gas Management System (SMM)

- d. Railway Safety Management System (SMKP)
- e. Public Transport Safety Management System
- f. Occupational Safety and Health of Health Facilities/Hospitals (K3RS)
- g. Office Occupational Health and Safety
- h. Indonesia Sustainable Palm Oil (ISPO)
- i. Clean, Health, Safety and Environment (CHSE)
- j. Radiation Safety
- k. Ship Security and Port Facilities, etc.

The application of SMK3 consists of 5 Basic Principles stated in Article 6 paragraph (1) of the Government Regulation no. 50 of 2012 concerning the Implementation of Occupational Safety and Health Management Systems as illustrated in the chart below.

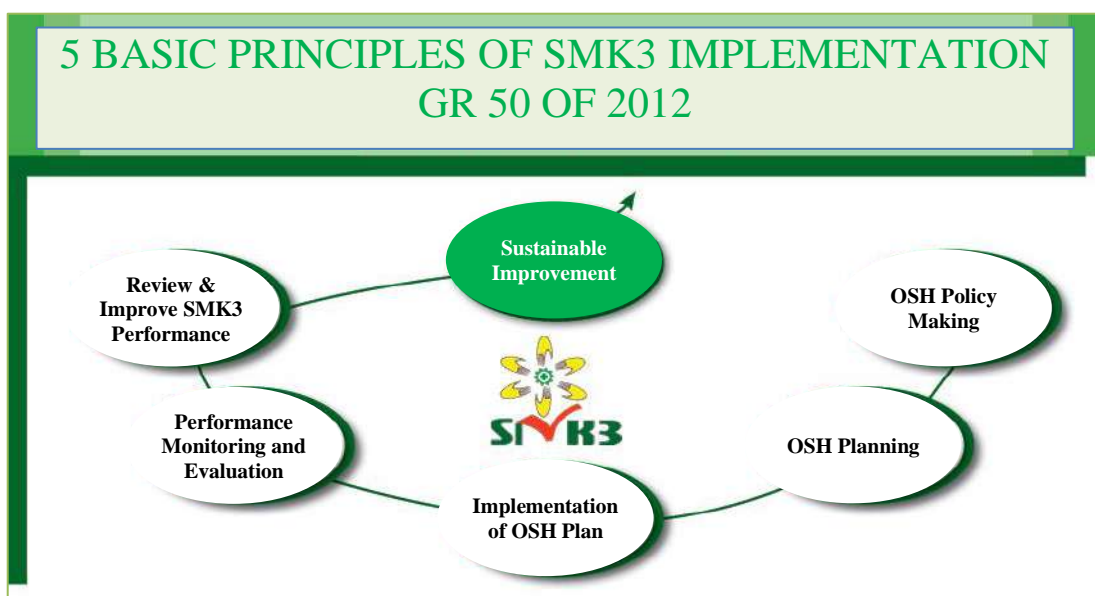


Figure 10. Chart of 5 Basic Principles of SMK3 Implementation.

Of the 5 basic principles, they are broken down into 12 elements and 166 criteria for the implementation of SMK3

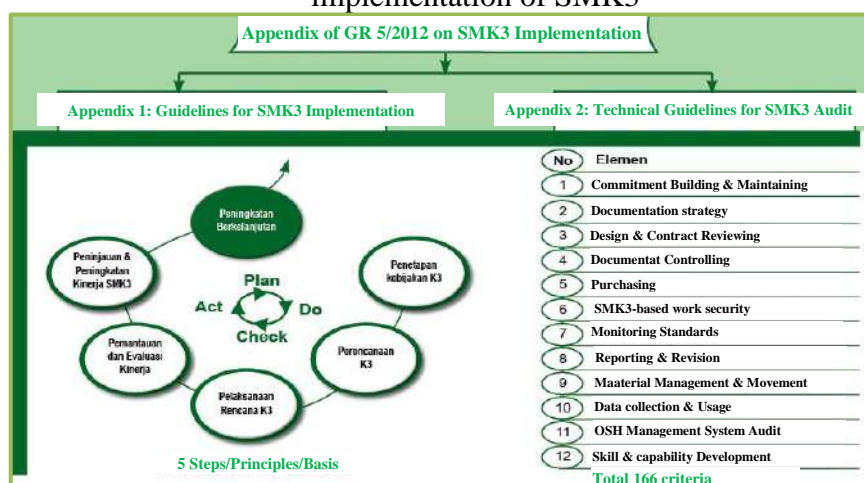


Figure 11. Implementation of 5 Basic Principles through 12 Elements in the Implementation of SMK3. (Source: GR No 50 of 2012 on Implementation of SMK3).

The overall scheme for implementing SMK3 can be illustrated in the chart below.

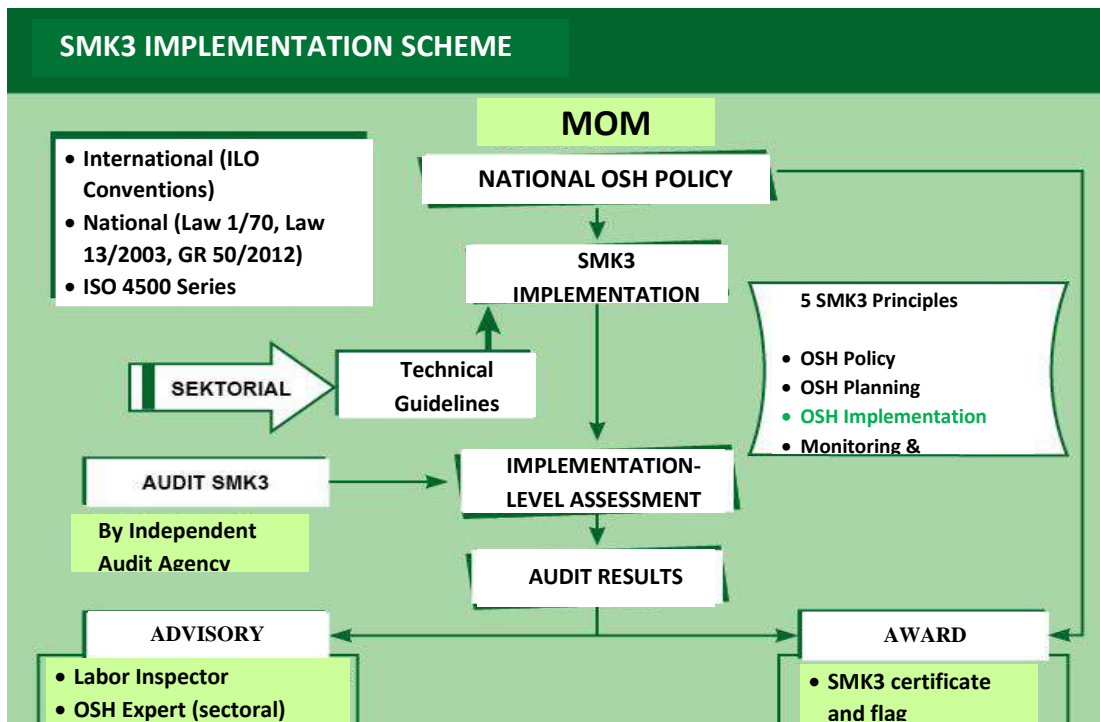


Figure 12. Full Scheme of Implementation of SMK3

3. OSH HRs

OSH personnel or HRs, other than the Labour Inspectors, who are mandated to supervise the implementation of Law No. 1 of 1970 are Occupational Safety and Health experts (OSH Experts). Article 1 paragraph (6) states that “OSH Experts” are technical personnel with special expertise from outside the Ministry of Manpower who are appointed by the Minister of Manpower to supervise compliance with this Law. The OSH experts are spread across several government agencies, such as in the Ministry of Energy and Mineral Resources, in the Ministry of Public Works and Public Housing as OSH Experts in Building Construction and in private agencies/institutions such as in companies/workplaces, OSH service companies, SMK3 audit agencies, OSH professional associations, and others. HRs with expertise in OSH, other than the Labour Inspectors in the employment agencies, are the OSH Examiners.

According to MoM Regulation No. 2 of 1992 concerning Procedures for Appointment, Obligations and Authorities of OSH Experts, an OSH Expert at the company/workplace is appointed by the Minister of Manpower. OSH experts are essentially an extension of the government (Ministry of Manpower) to conduct guidance and supervision of the implementation of OSH norms in companies or workplaces. Supervision made by the OSH Experts is internal in nature in each company/workplace where they are appointed.

External supervision by the government is made by the Labour Inspection Function. Labour inspectors make guidance, inspection and testing of labour norms, while the inspection and technical testing of OSH are supported by functional OSH examiners or Specialist OSH Experts.

The labour inspectors are in the work units in charge of labour inspection at the Ministry of Manpower and the Provincial Manpower Office. Some labour inspectors also have

specialization competencies in OSH and are supported by the Functional OSH Examiners in the Ministry of Manpower and OSH Centers in the local level/provinces.

Various OSH technical regulations as the implementation of Law no. 1 of 1970, in addition to general OSH experts, internal OSH guidance and supervision at the company or workplace level are also made by other OSH HRs with expertise and authority in their respective fields, whether expertise in mechanical engineering, health and the work environment. Expertise in mechanical engineering includes specialists OSH experts: Steam Power Boiler-Pressure Vessels-Stock Tanks, Lift Tools and Transport Tools, Power and Production Tools, Elevators -Escalators-Lightning Distribution Installations, Fire Prevention. OSH expertises in occupational health and work environment include: Company doctor/occupational health, occupational specialists, company paramedic/nurse/occupational health, industrial hygienist. OSH Experts of work environment, OSH Experts working at Altitudes, and Chemical OSH Experts. The list of these technical regulations is as stated in the appendix (Appendix II).

Through these different OSH technical regulations, OSH HRs have also been developed at the implementing level, including: officers, operators, technicians related to OSH. The development of OSH HRs is conducted by the Ministry of Manpower together with stakeholders through coaching/training and appointments. To meet the needs of industrial developments, in addition to the existing General OSH Experts and specialist OSH Experts, various other OSH HRs have been developed in the levels of both OSH Experts and implementers.

Responding to industrial developments and globalization, the improvement of OSH HRs' competencies is developed through the development and implementation of the Indonesian National Work Competency Standards (SKKNI). The development of SKKNI is generally under the coordination of the National Professional Certification Agency (BNSP). Various OSH professional SKKNIs are developed by the Ministry of Manpower together with BNSP and various stakeholders such as employer associations, trade/labour unions, OSH professional associations, universities and other parties. To conduct professional competency tests according to the SKKNI of each profession, BNSP grants licenses to the Professional Certification Institute (*Lembaga Sertifikasi Profesi - LSP*) and the Competency Test Place (*Tempat Uji Kompetensi - TUK*).

4. OSH Institutions

The existing OSH institutions within the Ministry of Manpower are the Directorate General of Labour Inspection and OSH along with the work units in charge of labour inspection and technical work units in charge OSH services as described in the organizational structure in Chapter I. OSH institutions outside the Ministry of Manpower include the National Occupational Safety and Health Council (DK3N), Provincial Occupational Safety and Health Council (DK3P), OSH Service Providers (PJK3), SMK3 audit agencies, OSH professional associations, OSH agency associations, and others.

The OSH institution at the company level is P2K3 as mandated in Law No. 1 of 1970, Article 10, paragraph (1) which states that P2K3 is in charge of giving consideration and may assist the implementation of accident prevention efforts within the company concerned and may provide effective explanations to the workers concerned. Paragraph (2), P2K3 is an agency consisting of elements of workers, employers and the Government (tripartite).

Minister of Manpower Regulation No. 4 of 1987 concerning P2K3 and Procedures for Appointing Occupational Safety Experts, provides for several provisions as follows:

- a. Every workplace that employs more than 100 workers, or less than 100 workers but has a high risk of potential hazards shall establish P2K3;
- b. The head of P2K3 shall be a company leader or top manager;
- c. The P2K3 secretary shall be an OSH expert appointed by the Ministry of Manpower;
- d. Members of P2K3 shall be management, workers/labourers, and their representatives with a balanced composition;
- e. P2K3 activities shall be reported regularly to the Ministry and the local Manpower Office.

5. Policy on OSH Reporting and Statistics of Occupational Accidents and Diseases

a. OSH Program Reporting

According to Law No. 1 of 1970 and several implementing regulations, the OSH Program and the KK and PAK cases must be reported by the management/leadership of the company.

Table 2. Types of Reports and Sources of OSH Reporting

No	Type of Report	Source of Reporting
1	Report on the results of the implementation of general OSH activities	the P2K3 Unit of the company/workplace
2	Report on the results of the Implementation of Occupational Health Services	Occupational Health Service Unit in the Company or the service provider (PJK3 of Occupational Health Services)
3	Report on the Results of the Implementation of Worker Health Examination	<ul style="list-style-type: none"> • Occupational Health Service Unit • PJK3 of Worker Health Examination.
4	Report on the results of the measurement/testing of workplace environmental hazard factors	<ul style="list-style-type: none"> • Company • OSH Center • PJK3 of Work Environment Examination
5	Report on inspection of labour norms and/or results of investigation of KK/PAK cases	Government agencies in charge of labour inspection
6	Reports on KK/PAK cases	<ul style="list-style-type: none"> • Workers or TU/Lus • Worker's family or heirs • Health facilities treating workers who suffer from KK/PAK
7	Accident Case Reports which include: <ol style="list-style-type: none"> a. Occupational accident b. Occupational diseases; c. Incident of Fire or explosion or waste disposal hazard; d. Another hazardous incident 	<ul style="list-style-type: none"> • Company • PJK3 • Workers or TU/LUs • Worker's family or heirs • Medical facility • Public
8	Statistical Reporting of KK and PAK	<ul style="list-style-type: none"> • Company • Agencies in charge of labour inspection
9	Reports on the results of calculation of the number of safe working hours	Company
10	Report on the results of the assessment of the implementation or audit of SMK3	Agencies in charge of labour inspection
11	Reports on the results of the assessment on the prospective OSH award recipient companies	<ul style="list-style-type: none"> • Company • Agencies in charge of labour inspection

12	Other reports	OSH service providers and related agencies
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KK and PAK case reporting also cover the incidents of fire, explosion, waste disposal hazards and other hazardous incidents. KK and PAK reporting and KK and PAK statistics are very basic and important things to do. The OSH reporting and data management functions include:

- 1) Protection of workers' safety and health and its compensation
- 2) Obtaining occupational accident and disease data
- 3) Facilitating identification & analysis in order to find causal factors (during investigation)
- 4) Able to provide improvement conditions so that occupational accidents and diseases do not recur (Planning)
- 5) Control of accident loss.

Indonesia already has an occupational accident and disease reporting system. Several national regulations related to reporting and occupational accident and disease reporting include the following:

Table 3. Regulations regarding KK and PAK Reporting

No	Number of Regulation	Concerning	Main Provisions
A	Reporting of KK and PAK based on OSH Regulation		
1	Law No 1 of 1970 (Articles 3, 8 & 11 paragraphs 1 & 2)	Occupational Safety	<ul style="list-style-type: none"> • Management apply Occupational Safety requirements • Management is required to check the workers's health. • Management is required to report every accident that occurs in the workplace they lead, to an official appointed by the Minister of Manpower. • The procedures for reporting and examining accidents by employees as referred to in paragraph (1) shall be regulated by laws and regulations.
2	Law No. 13 of 2003 concerning Manpower (Articles 35, 86, 87, ...)		<ul style="list-style-type: none"> • Management is required to provide protection • Workers are entitled to OSH protection • Management is required to implement SMK3.
3	GR No. 50 of 2012	Implementation of OSH Management System	<ul style="list-style-type: none"> • Management is required to implement SMK3 • Principles and Guidelines for the Implementation of SMK3 • SMK3 audit
4	Presidential Regulation No 7 of 2019 (Article 1 Paragraph (1), Article 5 Paragraphs (1), (2), (3).	Occupational Diseases	<ul style="list-style-type: none"> • PAK is a disease caused by work and/or work environment. • Diseases that have been diagnosed as Occupational Diseases are recorded and reported for the purpose of national data collection. • The recording and reporting of PAK is made by employers, health service

			<p>facilities that provide health services for Occupational Diseases, national and local agencies that administer government affairs in the manpower sector, and national and local agencies that administer government affairs in the health sector.</p> <ul style="list-style-type: none"> • The recording and reporting by health service facilities is made in accordance with the provisions of laws and regulations.
5	MoM Regulation No. 02 of 1980	Workers' Health Examination in the Implementation of Occupational Safety	<ul style="list-style-type: none"> • Management is required to examine the workers' health: pre-employment, periodic and special examination • The results of the workers' health examination must be reported to the Manpower Office no later than 2 months after the workers' health examination is done. • Workers' health examination must be done by the Workers' Health Examining Doctors.
6	MoM Regulation No. 1 of 1981	Obligation of Reporting the Occupational Diseases;	<ul style="list-style-type: none"> • Companies are required to take any efforts to prevent PAK • Any incident of PAK case must be reported no later than 2 X 24 hours after being diagnosed.
7	MoM Regulation No. 3 of 1998 (Article 2 Paragraph 1 & 2, Article 3, 4 Paragraphs 1 & 2, Articles 6 to 11, Articles 12, 13	Procedures for Reporting and Investigating Accidents	<ul style="list-style-type: none"> • Management/employers are required to report any accidents that occur in the workplace they lead. • Reported accidents: <ul style="list-style-type: none"> ○ Occupational Accidents; ○ Occupational diseases; ○ Fire or explosion or waste disposal hazard; ○ Other hazardous incidents. • The obligation to report accidents applies to management/employers, regardless of whether or not they have enrolled their workers to the employment social security program • Management/employers are required to report in writing any accident to the head of the local manpower office no later than 2x 24 hours after the incident. • Reports can be made orally before being reported in writing. • Management /employers who have enrolled their workers to the Occupational Accident Benefit program also report occupational accidents (and occupational diseases) in accordance with the

			<p>regulations.</p> <ul style="list-style-type: none"> • Management or employers who violate the provisions of Article 2, Article 4 paragraph (1), are subject to punishment in accordance with the provisions of Article 15 paragraph (2) of Law no. 1/1970 on Occupational Safety. • Inspection of compliance with this Ministerial Regulation is conducted by labour inspectors. • After receiving the report, the Head of Office instructs the inspectors to conduct accident inspection and assessment (KK & PAK). • For every accident (KK & PAK) reported. • Conducted in accordance with the laws and regulations. • Inspection and Assessment Report Uses: <ul style="list-style-type: none"> ○ Appendix II form: For Occupational Accidents ○ Form III: For Occupational Diseases ○ Appendix IV form: For Explosion, fire and waste disposal hazards ○ Appendix V form : For other Dangerous Incidents. • Analysis of Accident Reports (Occupational Accidents, Occupational Diseases, Explosion, Fire, and Waste Disposal Hazards and Other Hazardous Incidents) • The head of provincial manpower office develop an analysis of accident reports using the Appendix VII form monthly and submit it to the minister. • The Director General develops an analysis of the report regarding the frequency and severity of accidents at the national level.
8	MoM Regulation No. 03 of 1982	Occupational Health Services	<ul style="list-style-type: none"> • Each management is required to provide occupational health services • Occupational health services can be provided in several ways: <ul style="list-style-type: none"> ○ Self-organized in the company; ○ Cooperating with external parties (health facilities); or ○ Through joint operation with other companies or in industrial estates • Doctors and Paramedics who perform Occupational Health Services are required to have an OSH/<i>Hiperkes</i> Certificate. • The management is required to submit a report on the results of the

			Implementation of Occupational Health Services no less than once every 3 months to the
9	MoM Regulation No. 9 of 2005 (Articles 2 & 4)	Procedures for Filing Reports of the Implementation of Labour Inspection	<ul style="list-style-type: none"> • Labour inspection data include: a. Labour inspectors; b. The object of labour inspection; c. The object of employment social security norms inspection; d. Inspection and testing activities; e. Labour inspection object's license; f. Types of occupational accidents and occupational diseases; g. Types of violations and follow-up; h. Investigation. • Provincial agencies prepare a summary of the report on the implementation of the labour inspection and submit the report to the Director General. • The Director General submits a report on the implementation of national labour inspection to the Minister.
10	MoM Regulation No. 25 of 2008	Guidelines for Diagnosis and Assessment of Disability due to Occupational Accidents and Diseases	<ul style="list-style-type: none"> • As a guide for diagnosing and assessing the disability value of workers who suffer from PAK or are injured due to occupational accidents • This guideline is mainly used by advisory doctors, company doctors, examining doctors of workers' health, and doctors who treat the workers who suffer from KK/PAK (examining doctors).
11	MoM Regulation No. 5 of 2018	Work Environmental OSH	<ul style="list-style-type: none"> • Companies are required to implement the requirements of the Work Environmental OSH • Companies are required to report the results of the measurement/testing of work environment hazard factors.
12	MoM Decree 333/1989 (Article 2 Paragraphs (1), (2), Article 3, 4)	Diagnosis and Reporting of Occupational Diseases	<ul style="list-style-type: none"> • PAK can be found or diagnosed during a worker's health examination • In the workers' health examination, it must be determined whether the illness suffered by the worker is PAK or not • The diagnosis of PAK is established through a series of clinical examinations and the examination of condition of the workers and their environment to prove a causal relationship between the diseases and their occupations. • In the case of any doubt in establishing the diagnosis of PAK by the health examining doctor, it can be consulted to the Worker Advisory Doctor • After the diagnosis of PAK is established

			<p>by the examining doctor, the doctor is required to develop a medical report.</p> <ul style="list-style-type: none"> • Medical reports on PAK are submitted by the management to the local Manpower Office in a closed and confidential envelope for evaluation by the advisory doctor.
13	MoM Decree No. 87 of 1999	Control of Hazardous Chemicals in the Workplaces	<ul style="list-style-type: none"> • Management is required to control hazardous chemicals in the workplace • Hazardous and Toxic Waste (B3) Quantity Threshold in the Workplace
14	Director General Decree No. KEP - 84 / PPK / X /2012	Procedures for Developing Documents on Control of High/Medium Potential Hazards	<ul style="list-style-type: none"> • Documents for controlling high/medium potential hazards must be accompanied by: <ul style="list-style-type: none"> a. Certificate of Chemical OSH Expert and Chemical OSH Officer, b. Validation of the results of the chemical factor test, c. Validation of installation test, d. Validation of health examination results e. Chemical name list report and their quantity • The high/medium potential hazards control document that has been prepared must be examined/verified and be approved by the Office whose duties and scope are in charge of manpower. • The approved document serves as a license to start operations (license to initial startup)
15	Director General of Labour Inspection Decree No. 22 Tahun 2018	Technical Guidance for Implementation of Occupational Health Services	<ul style="list-style-type: none"> • Procedures and requirements for the Implementation of Occupational Health Services • Validation mechanism • Reporting Procedures and Forms for the Implementation of Occupational Health Services
16	Director General of Inspection Decree No 84 of 1998	Procedures for Completing Accident Reporting and Statistical Analysis Form	<p>As a guideline for the implementation of MoM Regulation No. 03 of 1998 which contains:</p> <ul style="list-style-type: none"> • Appendix I: Implementation Instructions for Completing and Using Accident Statistical Examination and Assessment Forms • Appendix II: Table of Work Day Losses Due to Accidental Disability.
B	Reporting of KK and PAK based on SJSN and BPJS Regulations		
1	Law No. 40 of 2004		<ul style="list-style-type: none"> • Principles, basis, objectives of the National Social Security System (SJSN) • Implementation of the National Social Security program

2	Law No. 24 of 2011		<ul style="list-style-type: none"> • Obligation to participate in the BPJS Employment program which includes JKK, JKM, JHT, JP programs • Legal Sanctions for violation of employment social security Norms
3	GR No. of 2015 and its Amendment (GR No. 82 of 2019)	JKK and JKM Programs	<ul style="list-style-type: none"> • Types of benefits of the JKK Program • Table of Percentage of Disability due to KK and PAK to calculate the amount of Disability benefits due to KK/PAK
4	MoM Regulation No 5 of 2021	Procedures for Implementation of JKK, JKM and JHT Programs	<ul style="list-style-type: none"> • Procedures for Reporting KK/PAK Cases in submitting JKK Claims • Procedures for claiming benefits from the JKK program in KK/PAK cases

In accordance with laws and regulations, it is stated that every company is required to report every KK and PAK case to the agency in charge of labour inspection (whether or not they have become participants in the JKK/BPJS Employment program). KK and PAK reporting is regulated in stages, from the company to the local/provincial labour inspection agency and is subsequently reported to the Indonesian Ministry of Manpower up. Directorate General of Labour Inspection and OSH.

For workers who have been enrolled to the JKK/BPJS Employment program, when they have a KK/PAK case, it must be reported to the agency in charge of labour inspection and to the local BPJS Employment Office. Reports of KK/PAK cases basically must be followed up with:

- 1) Investigation,
- 2) OSH evaluation and improvement, and
- 3) Provision of benefits of the JKK program.

b. Mechanism for collecting and analyzing KK and PAK data

In accordance with the OSH laws and regulations, the mechanism for collecting and analyzing KK and PAK data is as follows:

- 1) The management of the company/employer is required to report any incident/case of accident and/or PAK that occurs in their workplace/company in writing to the local agency in charge of labour inspection:
 - a) reporting the incident of KK no later than 2 x 24 after the incident by completing the occupational accident report form according to the provisions.
 - b) reporting cases of PAK no later than 2 x 24 hours after the diagnosis of PAK is made;
- 2) When receiving the report, the head of the office in charge of labour inspection instructs the labour inspector to conduct a field inspection and investigate the KK/PAK incident/case;
- 3) Based on the results of the inspection and/or investigation, the labour inspector shall:
 - a) Prepare a study and analysis
 - b) Prepare a report on the results of the examination/investigation
 - c) Follow it up, among others
 - i. Making studies and analysis
 - ii. Giving advice or provide recommendations for evaluation and improvement;
 - iii. Cessation of operation (if required);

- iv. Making Examination Notes (if normative violations are found);
- v. Developing Minutes of Examination (by PPNS Employment if a violation of labour crime is found);
- vi. Data from inspection reports are collected for review
- vii. Development of KK and PAK statistics in their working areas on a regular basis (annually).

c. Calculation of KK and PAK Statistics

To calculate the frequency and severity of occupational accidents and diseases, it is regulated by the Minister of Manpower Regulation No. 3 of 1998 concerning Procedures for Accident Reporting and Examination and its technical guidelines are regulated by the Director General of Labour Inspection Decree No. 84/BW/1998 concerning Procedures for Completing Accident Reporting and Statistical Analysis Forms.

- 1) The formula for calculating the frequency rate (FR) and severity rate (SR) of KK and PAK (Director General of Labour Inspection Decree No. Kep.84/BW/1998) is as follows:

<p>Frequency Rate:</p> $\frac{\text{Number of KK/PAK cases} \times 1,000,000}{\text{Number of working hours of people}}$
<p>Severity Rate:</p> $\frac{\text{Number of lost days} \times 1,000,000}{\text{Number of working hours of people}}$

Formula Description:

- a. FR & SR can be used as benchmarks for OSH performance by looking at the trend of these two figures.
- b. FR aims to determine the number of KK/PAK cases per 1,000,000 working hours of productive people.
- c. SR aims to determine the severity/loss due to KK/PAK for the company which is converted in the number of lost days per 1,000,000 working hours of productive people.
- d. Number 1,000,000: standard people's working hours according to the ILO calculation: 50 weeks multiplied by 40 hours for every 500 workers.
- e. Working time per person is taken an average of 7 hours a day or 40 hours/week.
- f. To determine the loss of lost working days can be seen in the table (appendix II of the Director General Decree).
- g. Number of working hours of people: obtained from (number of workers x working days X 8 hours) – (lost working days x 8 hours).

2) Calculation of lost working days due to KK/PAK (According to Appendix II of Dir. Decree No. Kep.84/BW/1998)

- a) The number of people's lost working days is the sum of leave, absenteeism and illness, including KK/PAK.
- b) Calculation of lost working days due to KK/PAK:
 - In accordance with the conversion of lost working days due to Anatomical or Functional Disability and Death due to KK/PAK, or
 - For every light KK/PAK without disability, the loss of working days is equal to the actual number of days during the absence of the victim from work.

3) Calculation of KK and PAK Statistics according to the 8th SDGs Indicators/Sub-Indicators

The Indonesian government is also asked to fill in the 2030 Sustainable Development Goals (SDGs) program indicator documents for KK and PAK cases with the formula as below.

a) Formula for Fatal Occupational Accident Rate (TKKF)

$$\text{TKKF:}$$
$$\frac{\text{Number of Fatal KK Cases} \times 100,000}{\text{Number of workers}}$$

$$\text{TKKF : /100,000 workers}$$

b) Formula for Non-Fatal Occupational Accident Rate (TKKNF)

$$\text{TKKNF:}$$
$$\frac{\text{Number of Non-Fatal KK Cases} \times 100,000}{\text{Number of workers}}$$

$$\text{TKKF : /100,000 workers}$$

6. Policy on Labour Inspection in the OSH Sector

Generally, labour inspection is an activity conducted to inspect and implement the enforcement of the Manpower Act. Indonesia has a number of legal frameworks related to these activities. The legal framework is in the form of national laws, ratified conventions, government regulations, presidential regulations, and ministerial regulations.

a. Labour Inspection Regulations

The implementation of labour inspection is also part of the implementation of articles 27 and 28 of the 1945 Constitution of the Republic of Indonesia.

Below is the labour inspection regulations:

- 1) Law of the Republic of Indonesia No. 23 of 1948 concerning Labour Inspection;
- 2) Law of the Republic of Indonesia. No. 3 of 1951 concerning the Declaration of the Applicability of the Labour Inspection Law of 1948 No. 23 from the Republic of Indonesia for the whole of Indonesia;
- 3) Law no. 1 of 1970 concerning Occupational Safety;
- 4) Law of the Republic of Indonesia No. 13 of 2003 concerning Manpower;
- 5) Law of the Republic of Indonesia No. 21 of 2003 concerning Ratification of the ILO Convention No. 81 Concerning Labour Inspection in Industry and Commercial;
- 6) Law of the Republic of Indonesia. No. 23 of 2014 concerning Local Government;
- 7) Law of the Republic of Indonesia No. 11 of 2020 concerning Job Creation;
- 8) Government Regulation No. 5 of 2021 concerning Risk-Based Business Licensing;
- 9) Presidential Regulation No. 21 of 2010 concerning Labour Inspection;

- 10) Minister of Manpower Regulation No. 33 of 2016 and its amendments to Minister of Manpower Regulation No. 1 of 2020 concerning Procedures for Labour Inspection;
- 11) Minister of Manpower Regulation No. 6 of 2021 concerning Stipulation of Standards for Business Activities and/or Products in the Implementation of Risk-Based Business Licensing in the Labour Sector.

Functions of Labor Inspection System
Law (21 of 2003/ ILO Convention No. 81)

Article 3 letter a

The functions of the labour inspection system include:
“Ensuring the enforcement of legal provisions regarding **working conditions and protection of workers** when performing their work, such as provisions relating to **working hours, wages, safety, health and welfare, the use of child labour and young workers** as well as other related issues as long as these provisions can be enforced by the labour inspectors”.

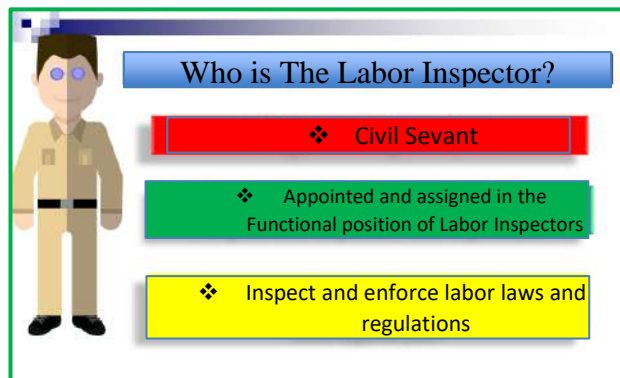
Box 12. Functions of Labour Inspection in accordance with the Law of the Republic of Indonesia No. 21 of 2003.

In the era of regional autonomy based on Law no. 23 of 2014 concerning Local Government, Division of Government Affairs in the Manpower Sector, Appendix letter G): The Sub-Sector of Labour Inspection is **a concurrent, obligatory affair** between **the national government and the provincial government**. The National government affairs (through the Ministry of Manpower): 1). Establishes a Labour Inspection System and 2). Manages Labour Inspectors. Provincial government affairs: implementation of labour inspection.

In order to improve the performance of labour inspection and OSH through coordination and synergy with relevant parties, on 20 October 2011 the Declaration of Labour Inspection and Declaration of National Commitment for the Implementation of OSH was signed by Tripartite elements and strategic partners which were also signed by the Minister of Manpower and Transmigration as attached in the attached document. (Appendix IV).

b. Obligations and Duties of the Labour Inspectors

Labour Inspection is the activity of inspecting and enforcing the implementation of laws and regulations in the manpower sector. Labour inspection is performed by the Labour Inspector, hereinafter referred to as the Labour Inspector. Labour Inspector is a Civil Servant who is appointed and assigned to the functional position of the Labour Inspector in accordance with the provisions of laws and regulations (Presidential Regulation No. 21 of 2010 concerning Labour Inspection).



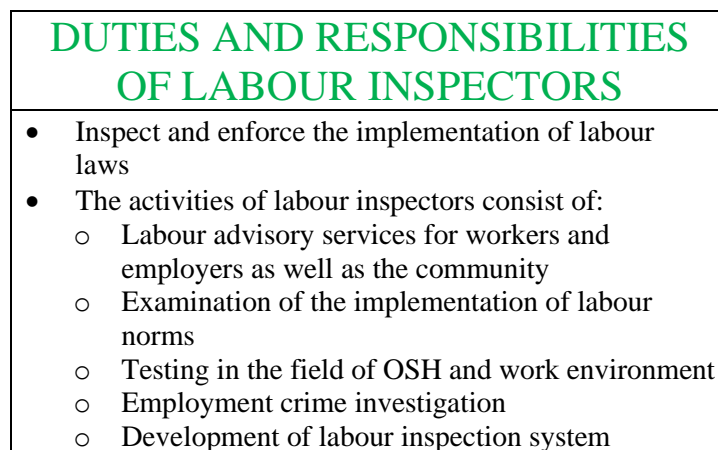
Box 13. Definition of Labour Inspector

According to the various regulations above, the obligations of Labour inspectors are as follows:

- 1) supervising the implementation of laws and regulations;
- 2) collecting information on industrial relations and working conditions;
- 3) performing other obligations related to the laws and regulations.

The main duties of Labour inspectors are as follows:

- 1) providing technical assistance in the implementation of work norms (for workers/Labourers, employers/entrepreneurs, and the general public);
- 2) supervising the implementation of Labour norms;
- 3) testing labour norms and OSH;
- 4) enforcing labour laws;
- 5) developing a labour inspection system.



Box 14. Duties and Responsibilities of Labour Inspectors

c. Mechanisms to Ensure OSH Compliance

Mechanisms to ensure compliance with national laws and regulations including in the implementation of OSH are supported by the labour inspection system. The general labour inspection mechanism can be described in the chart below.



Figure 13. Chart of Mechanism of Labour Inspection Implementation

As an alternative final action in the implementation of labour inspection is an effort to enforce labour law.

EMPLOYMENT CRIMINAL INVESTIGATIONS

1. It is a **judicial repressive measure as the last resort in enforcing the labour law**
2. performed by PPNS Employment
3. Referring to the provisions of the legislation (KUHAP)

Box 15. Definition of an investigation into labour crimes.

One form of law enforcement action against violations of labour norms is through light crime, which is imposed on violations of labour norms which is subject to imprisonment of no less than 3 months, or a fine of no less than one hundred million rupiah.

Legal sanctions provisions

Violation of Law 1/1970

Articel 15

- (1) The implementation of the provisions in the articles above shall be further regulated by laws and regulations
- (2) The laws and regulations referred to in paragraph (1) may provide a criminal threat for violating the regulations with imprisonment of no more than 3 (three) months or fine of no higher than IDR 100,000 (one hundred rupiah)
- (3) The crime is a violation.

Box 16. Provisions on Sanctions for Violations of Law no. 1 of 1970

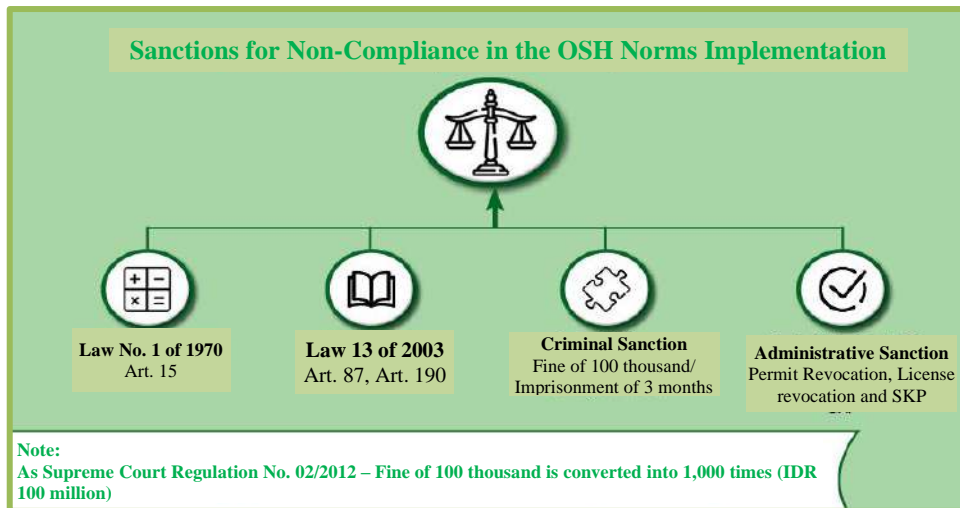


Figure 14. Overview of Sanctions for Violation of OSH Norms and Implementation of SMK3

Sanctions for violations of OSH norms as regulated in Law No. 1 of 1970 and its implementing regulations, in addition to using Article 15 paragraph (2) of the Occupational Safety Law, it can also use Article 186 for violations of Article 35 paragraph 2 and paragraph 3 of Law No. 13 of 2003 with sanctions of imprisonment of no less than 4 years and a fine of no less than 400 million.

As for the sanction of a fine of Rp. 100,000, - in article 15 paragraph 2, it has been adjusted by Supreme Court Regulation no. 2 of 2012 to be multiplied by 1,000 rupiah.

The protection of OSH and Employment Social Security is basically also mandated in Article 35 of Law Number 13 of 2003 concerning Manpower. The sanctions for violating the implementation of OSH in accordance with this article are much heavier than the sanctions in Law no. 1 of 1970.

Sanction for non-compliance with the OSH & Soc. Security Norms
Based on Article 35 of Law 13 of 2013

- (1) Employers who need workforce may recruit by themselves the workforce they need or have them recruited through worker placement agencies.
- (2) Worker placement agencies as referred to in paragraph (1) shall be **required to provide protection to workers that they try to find a placement for since their recruitment takes place until their placement is realized.**
- (3) the employers as referred to in paragraph (1), in employing people who are available for a job,,shall be **required to provide protection which shall include protection for their welfare, safety and health, both mental and physical.**

Box 17. Obligation to Protect Welfare, Safety, and Health (physical and mental) of Workers according to Law no. 13 of 2003.

Sanctions for violations of the implementation of OSH in accordance with Article 35 of Law no. 13 of 2003 is stated in article 186 of Law no. 13 of 2003.

Article 186 of Law 13 of 2013

- (1) Whosoever violates the provisions of paragraph (2) and paragraph (3) of Article 35, paragraph (2) of Article 93, Article 137, and paragraph (1) of Article 138 shall be **subjected to a criminal sanction of imprisonment of no less than 1 (one) month and no more than 4 (four) years and/or a fine of no less than IDR 10,000,000 (ten million rupiah) and no more than IDR 400,000,000 (four hundred million rupiah).**
- (2) The criminal action as referred to in paragraph (1) shall be legally categorized as a Criminal Violation.

Box 18. Amount of Sanctions for Violations of Welfare, Safety & Health (physical and mental) Protection according to Law no. 13/2003 on Employment

Sanctions for violating the implementation of SMK3 as mandated in Article 87 of Law no. 13 of 2003 concerning manpower is stated in article 190 paragraph (1). The type of sanction for this violation is in the form of administrative sanctions as stated in Article 190 paragraph (2).

Legal Sanction Provisions
Violation of Law 13/2003 (Implementation of SMK3)

Law 13 of 2003

Article 190:

Paragraph (1)

The minister or appointed official shall impose administrative sanctions for violations of the provisions as stipulated in article 5, article 6, article 15, article 25, article 38 paragraph (2), article 45 paragraph (1), article 47 paragraph (1), article 48, **Article 87**, Article 126 paragraph (3) and Article 160 paragraph (1) and paragraph (2) of this Law and its implementing regulations.

Box 19. Provisions on Sanctions for Violations of the Implementation of SMK3 according to Law no. 13 of 2003 concerning Manpower.

Legal Sanction Provisions
Violation of Law 13/2003 (Implementation of SMK3)

Law 13 of 2003

Article 190:

Paragraph (2)

The administrative sanctions as referred to in paragraph (1) shall be in the form of:

- a. Warning;
- b. Written reprimand;
- c. Restrictions on business activities;
- d. Suspension of business;
- e. Cancellation of approval;
- f. Cancellation of registration;
- g. Temporary suspension of part or all of the means of production;
- h. License revocation.

Paragraph (3)

Provisions regarding administrative sanctions as referred to in paragraphs (1) and (2) shall be further regulated by the minister.

Box 20. Types of Sanctions for Violations of the Implementation of SMK3 according to Law no. 13/2003 on Manpower.

The elements of labour inspection consist of advising, examining, testing, and investigating as well as developing a labour inspection system. Investigation is conducted as a last resort in the case of a violation of labour law. This investigation is a law enforcement process in collaboration with the police implemented by labour inspectors who have been educated and appointed as PPNS Employment.

Labour inspectors, as stated in Law no. 3 of 1951, has been implemented throughout Indonesia and it works which includes three main functions:

- a. Inspecting the implementation of labour laws and regulations in particular;
- b. Collecting material information on labour relations and labour conditions in the broad sense of developing labour laws and regulations;
- c. Doing other work proposed to them according to other laws or regulations.

Occupational Safety and Health Supervisors are regulated in Law no. 1 of 1970 concerning Occupational Safety. As mandated by Law no. 3 of 1951, the Occupational Safety and Health Supervisory Officer was assigned to supervise compliance with the law.

The Ministry of Manpower as the holder of the National OSH policy as mandated in Law no. 1 of 1970 conducted labour advisory and supervisory activities, including in the OSH aspect, by functional Labour Inspectors at the national level (Ministry of Manpower) and local level (Provincial Manpower Office). In order to implement comprehensive supervision that covers various companies/workplaces, labour inspectors are assisted by OSH Experts in conducting OSH advisory and supervisory activities in their respective workplaces in accordance with the duties of the functions and authorities granted by the Ministry of Manpower.

OSH advisory activities are also implemented by several ministries/agencies and other parties such as the Ministry of Health, Ministry of Public Works and Public Housing, Ministry of Energy and Mineral Resources, BPJS Employment, APINDO, Trade Unions/Labour Unions, DK3N, DK3P, Universities, OSH Professional Associations, and OSH Service Providers (PJK3).

7. OSH Policies and Programs during the COVID-19 Pandemic

The COVID-19 pandemic affect the conditions and implementation of OSH. The benefits of the implementation of OSH during the pandemic is increasingly realized. In general,

companies/workplaces that have implemented SMK3 are better prepared to face and make efforts to prevent and overcome COVID-19 in the workplaces. Basically, the principles of implementation of OSH are very relevant to efforts of preventing and controlling COVID-19 in the workplaces. The International Standard Organization (ISO) has also released OSH Management Standards related to the Prevention and Control of COVID-19 through ISO PAS 45005.

The Indonesian government together with stakeholders have made various efforts so that during the COVID-19 pandemic, businesses continue to run and protection for workers/labourers continues. The activities conducted are at the national level (upstream) to the workplace level (downstream). These activities include developing a number of new policies, guidelines, to the implementation of activities, both at the expense of the government and in cooperation with other parties, including the International Labour Organization (ILO). Several regulations and guidelines in the context of developing policies and programs for the prevention and control of COVID-19 in the workplaces are as attached (Appendix II).

The COVID-19 pandemic period is a momentum for employers and workers to increase their understanding of the importance of implementing OSH in the workplaces. OSH is an important key to business continuity and protection of workers/labourers in the context of preventing and addressing COVID-19.

COVID-19 is one of the health risks for workers and is a KK/PAK risk due to exposure to biological factors (due to the corona virus) in certain jobs, especially health workers. Based on Presidential Decree No. 7 of 2019 concerning PAK, COVID-19 for health workers/health facilities, as other bacterial infections such as tuberculosis, hepatitis, (nosocomial diseases), is included in the KK/PAK category, so they are entitled to JKK according to the regulation. And based on GR 44/2015 concerning the JKK and JKM programs, workers who suffer from KK or PAK (including due to COVID) are entitled to JKK benefits. PAK due to COVID 19 is strengthened by the Minister of Manpower Circular Letter No. 8 of 2021 regarding the JKK Program in PAK cases due to COVID 19.

D. ILO Conventions

1. ILO Conventions regarding OSH

- a. ILO Conventions on OSH in general
 - 1) ILO Convention NO. 155 on Occupational Safety and Health
 - 2) ILO Convention No. 187 on the Promotional Framework for Occupational Safety and Health
 - 3) ILO Convention No. 161 on Occupational Health Services
- b. ILO Conventions on Protection against certain risks related to OSH
 - 1) ILO Convention No. 115 on Radiation Protection
 - 2) ILO Convention No. 139 on Occupational Cancer
 - 3) ILO Convention No. 148 on the Work Environment (Air Pollution, Noise and Vibration)
 - 4) ILO Convention No. 162 on Asbestos
 - 5) ILO Convention No. 170 on Chemicals
 - 6) ILO Convention No. 174 on the Convention for the Prevention of Major Industrial Accidents

- c. ILO Conventions on Labour protection in certain branches of activity related to OSH
 - 1) ILO Convention No. 120 on Hygiene in Commerce and Office
 - 2) ILO Convention No. 167 on Occupational Safety and Health in Construction
 - 3) ILO Convention No. 176 on Safety and Health in Mines
 - 4) ILO Convention No. 184 on Safety and Health in Agriculture
 - 5) ILO Convention on Maritime Employment of 2006.

2. ILO Conventions Ratified by Indonesia

ILO Conventions Ratified by Indonesia:

- a. Basic Conventions
 - 1) ILO Convention No. 29 on Forced Labour.
 - 2) ILO Convention No. 87 on Freedom of Association and Protection of the Right to Organize.
 - 3) ILO Convention No. 98 on Human Rights to Organize and Collective Bargaining.
 - 4) ILO Convention No. 100 on Equal Remuneration for Male and Female Workers for Work of Equal Value.
 - 5) ILO Convention No. 105 on Elimination of Forced Labour.
 - 6) ILO Convention No. 111 on Discrimination in Job and Occupation.
 - 7) ILO Convention No. 138 on Minimum Age for Employment.
 - 8) ILO Convention No. 182 on Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.
 - 9) ILO Convention No. 187 on the Promotional Framework for Occupational Safety and Health.
- b. ILO Conventions concerning the Administration of Government
 - 1) ILO Convention No. 81 on Labour Inspection in Industry and Commerce.
 - 2) ILO Convention No. 144 on Tripartite Consultation.
- c. ILO Conventions concerning Technical Employment
 - 1) ILO Convention No. 88 on Worker Placement Service
 - 2) ILO Convention No. 106 on Weekly Rest
 - 3) ILO Convention No. 120 on Hygiene in Commerce and Offices.
 - 4) ILO Convention No. 185 on Seafarers Identity Documents (SID)
 - 5) ILO Convention on Maritime Employment of 2006

With regard to the ILO conventions on OSH, Indonesia has also ratified at least three ILO Conventions namely:

1. ILO Convention 187 on the Promotional Framework for Occupational Safety and Health, 2006 through Presidential Regulation no. 34 of 2014.
2. ILO Convention No. 120 on Hygiene in Commerce and Offices through Law Number 3 of 1969;
3. The ILO Convention on Maritime Employment of 2006 was ratified through Law no. 15 of 2016.

As a member country of the International Labour Organization (ILO), Indonesia is committed to continuing to implement the rules in labour standards, especially those regulated through ILO instruments, including standards on OSH. Periodic reviews of national labour laws and policies are conducted in line with international standards.

Table 4. ILO Conventions Ratified and Implemented

NO.	NUMBER OF ILO CONVENTION	CONVENTION TITLE
1	29*	Convention on Forced Labour (1930)
2	87*	Convention on Freedom of Association and Protection of the Right to Organize (1948)
3	98*	Convention on Rights to Organize and Collective Bargaining (1949)
4	100*	Convention on Equal Remuneration (1951)
5	105*	Convention on Elimination of Forced Labour (1957)
6	111*	Convention on Discrimination in Job and Occupation (1958)
7	138*	Convention on Minimum Age for Employment (1973)
8	182*	Convention on Elimination of the Worst Forms of Child Labour (1999)
9	81**	Convention on Labour Inspection (1947)
10	144	Convention on Tripartite Consultation (International Labor Standards)
14	69	Convention Ship Cooks Certification (1946)
15	88	Convention on Worker Placement Service (1948)
16	106	Convention on Weekly Rest in Commerce and Offices (1957)
17	120**	Convention on Hygiene in Commerce and Offices (1964)
18	185	Convention on Seafarers Identity
* ILO Core Conventions		
** ILO Conventions on Occupational Safety and Health		

A total of 18 ILO Conventions have been ratified, nine of which are core conventions dealing with the basic principles of freedom of association, the elimination of child labour, equality, and the elimination of forced labour as well as occupational safety and health. Indonesia has ratified three ILO Conventions that are directly related to OSH, namely Convention No. 81 Concerning Labour Inspection, Convention No. 187 concerning the Promotional Framework for Occupational Safety and Health, and Convention no. 120 Concerning Hygiene in Commerce Places and Offices.

1. ILO Convention No. 29 on Forced Labour.
2. ILO Convention No. 105 on Elimination of Forced Labour.
3. ILO Convention No. 87 on Freedom of Association and Protection of the Right to Organize.
4. ILO Convention No. 98 on Human Rights to Organize and Collective Bargaining.
5. ILO Convention No. 100 on Equal Remuneration for Male and Female Workers for Work of Equal Value.
6. ILO Convention No. 111 on Discrimination in Job and Occupation.
7. ILO Convention No. 138 on Minimum Age for Employment.
8. ILO Convention No. 182 on Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.
9. ILO Convention No. 187 on the Promotional Framework for Occupational Safety and Health.

Box 21. ILO Core Conventions Ratified by Indonesia.

With regard to the ILO OSH conventions, Indonesia has also ratified at least two ILO Conventions. The two ILO conventions are:

1. ILO Convention 187 on the Promotional Framework for Occupational Safety and Health, 2006 through Presidential Regulation no. 34 of 2014.
2. ILO Convention on Maritime Employment of 2006 was ratified through a Law of the Republic of Indonesia No. 15 of 2016.

Indonesia has not ratified ILO Convention No. 155 on OSH, but the principles in the convention are partly in line with the main provisions of Law No. 1 of 1970 and its implementing regulations. Law No. 1/1970 was issued before ILO Convention 155 was issued in 1981.

E. Regulations regarding Sector OSH

Different ministries and sectors, other than the Ministry of Manpower, contribute to the national OSH legal framework, including: Ministry of Public Works and Public Housing, Ministry of Energy and Mineral Resources, Ministry of Trade, Ministry of Industry, Ministry of Health, Ministry of Transportation, Ministry of Marine Affairs and Fisheries. Some of these ministries also issue various regulations and decrees that are specifically related to OSH in certain fields/sectors.

Relevant OSH regulations, namely regulations issued through M/As outside the Ministry of Manpower according to the needs of sector characteristics in line with the provisions of Article 4 paragraph 2 of Government Regulation no. 50 of 2012 concerning the Implementation of SMK3.

Table 5. Regulations Related to Sectoral OSH equal to the law

No	Sector	Law Regarding OSH	Examples of Articles on OSH	Main Provisions
1	Health	Law of The Republic of Indonesia No. 36	Article 4.	Everyone has the right to health
			Article 6	Everyone has the right to a healthy environment for achievement of health status.

		of 2009 on Health	Article 7	Everyone has the right to get information and education on balanced and responsible health
		Law of The Republic of Indonesia No.36 of 2014 on Health workers	Article 11	Public health workers include occupational health advisors, health promotion workers, environmental health workers
2	Energy and Mineral Resources	Law of The Republic of Indonesia No. 30 of 2009 on Electric Power	Article 2.e	Electricity development adheres to the OSH principle
			Article 44	Every electricity business activity must comply with the provisions of electricity safety to realize: a. reliable and safe for installation; b. safe from harm to humans and other living creatures; and c. environmentally friendly
		Law of The Republic of Indonesia No. 3 of 2020 on Mineral and Coal Mining	Article 70	Mining Business Permit (IUP) holders are required to comply with laws and regulations regarding mining safety.
		Law of The Republic of Indonesia No 22/ of 2001 on Oil and Gas	Article 11	The Cooperation Contract must contain occupational safety and health
			Article 40	Business Entity or Permanent Establishment ensures occupational safety and health as well as environmental management and complies with the provisions of laws and regulations that applies in Oil and Gas business activities.
3	Education	Law of The Republic of Indonesia No. 14 of 2005 on Teacher and Lecturer	Article 39 Para. 2	Legal protection, professional protection, and protection of occupational safety and health.
4	Transportation	Law of The Republic of Indonesia No.17 of 2008 on Shipping	Article 94	Port business entities must maintain the safety and facilities of the Port they operate

		Law of The Republic of Indonesia No.23 of 2007 on Railway	Article 54	The train station for the purposes of getting on and off the passengers is equipped at least with the following facilities: a. safety; b.etc The train station for loading and unloading of goods is equipped with the following facilities: a. safety; b. ... etc
			Article 133	In organizing the transportation of people by train, the Railway Facility Operator is required to: a. prioritize the safety and security of people;
		Law of The Republic of Indonesia No. 1 of 2009 on Aviation	Article 3	Realizing an orderly, safe, and comfortable flight operation.
			Article 10	Aviation guidance includes the determination of general and technical policies consisting of determining norms, standards, guidelines, criteria, planning, and procedures including aviation OSH requirements and licensing
			Article 24.m	Have a safety management system manual
		Law of The Republic of Indonesia No. 22 of 2009 on Traffic and Road Transport	Article 8	Implementation in the road sector includes activities of: regulation, advising, development, and supervision of road infrastructure as referred to in Article 7 paragraph (2) letter a, namely the road function feasibility test in accordance with safety standards and traffic safety; and
			Article 10	Implementation in the industrial sector as referred to in Article 7 paragraph (2) letter c includes: development of the Motor Vehicle equipment industry that ensures traffic and road transport Security and Safety.
5	Agriculture	Law of The Republic of Indonesia No. 18 of 2012 on Food Safety	Article 67 Para. 2	Food safety is intended to prevent possible contamination that endangers human health

6	Education	Law of The Republic of Indonesia No. 14 of 2005 on Teacher and Lecturer	Article 39 Para. 2	Legal protection, professional protection, and protection of occupational safety and health.
7	Transportation	Law of The Republic of Indonesia No.17 of 2008 on Shipping	Article 94	Port business entities must maintain the safety and facilities of the Port they operate
		Law of The Republic of Indonesia No.23 of 2007 on Railway	Article 54	The train station for the purposes of getting on and off the passengers is equipped at least with the following facilities: c. safety; d.etc The train station for loading and unloading of goods is equipped with the following facilities: c. safety; d. ... etc
			Article 133	In organizing the transportation of people by train, the Railway Facility Operator is required to: a. prioritize the safety and security of people;
		Law of The Republic of Indonesia No. 22 of 2009 on Traffic and Road Transport	Article 8	Implementation in the road sector includes activities of: regulation, advising, development, and supervision of road infrastructure as referred to in Article 7 paragraph (2) letter a, namely the road function feasibility test in accordance with safety standards and traffic safety; and;
Article 10	Implementation in the industrial sector as referred to in Article 7 paragraph (2) letter c includes: development of the Motor Vehicle equipment industry that ensures traffic and road transport Security and Safety;			

8	Public Works and Public Housing	Law of The Republic of Indonesia No 2 of 2017 On Construction Services	Article 3	The implementation of Construction Services aims to: organize a Construction Services system that is able to realize public safety and create comfort of built environment;
			Article 4	The National Government is responsible for: the implementation of Construction Services in accordance with Security, Safety, Health, and sustainability Standards;
		Law of The Republic of Indonesia No. 28 of 2002 on Bulding Construction	Article 2	Buildings are implemented based on the principle of benefit, safety, balance, and compatibility of buildings and the environment
			Article 16	Requirements for building reliability include requirements for safety, health, comfort, and convenience.

Several Ministries/Sectors issue implementing regulations regarding OSH in the sectors under their authority. OSH technical regulations in various sectors are attached (Appendix II).

CHAPTER III OCCUPATIONAL SAFETY AND HEALTH AUTHORITY AGENCIES

A. NATIONAL OSH AUTHORITY

The OSH authority at the national level is in the Ministry of Manpower as mandated in the Explanation of Article 1 Paragraph 6 of Law no. 1 of 1970. Other Ministries as Sector Advisory Agencies have the authority to develop Guidelines for the Implementation of SMK3 according to their sector characteristics as stated in Article 4 of Government Regulation No. 50 of 2012. The implementation of OSH programs and activities in each sector is required to be coordinated and reported to the Minister of Manpower.

The work unit that administering OSH at the Ministry of Manpower is at the Echelon 1 level, namely the Directorate General of Labour Inspection and Occupational Safety and Health (Dit. Gen. of Labour Inspection and OSH). Currently, reorganization of this work unit has been taken based on the Minister of Manpower Regulation No. 1 of 2021 concerning the Organization and Work Procedure of the Ministry of Manpower with the organizational structure as shown below.

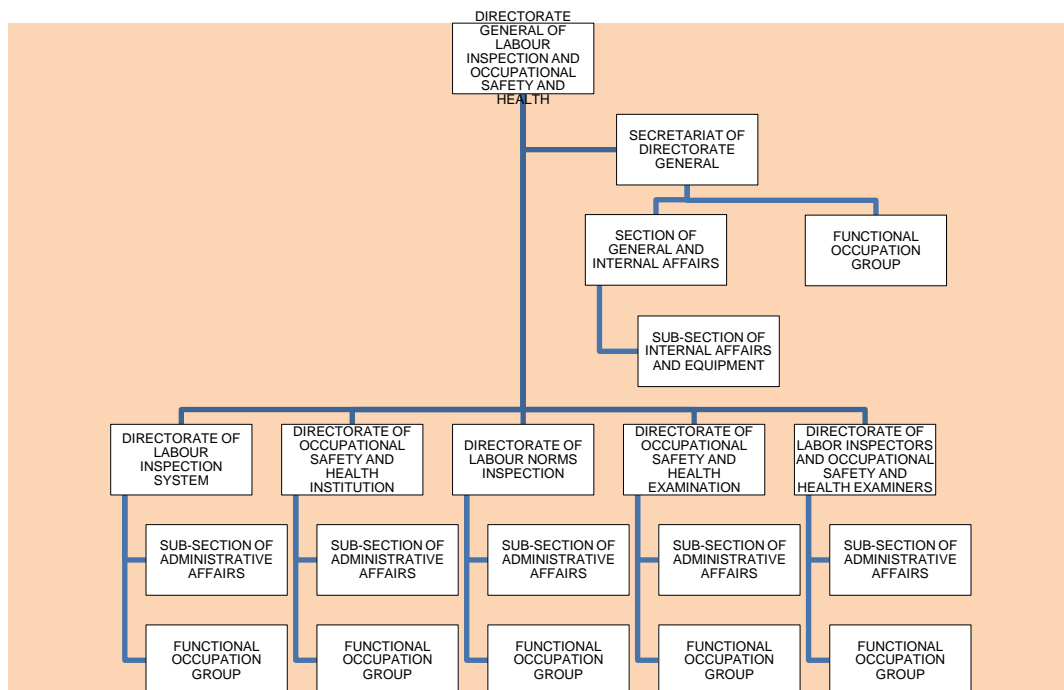


Figure 15. Organizational Structure Chart of the Directorate General of Labour Inspection and OSH.

The organizational structure above illustrates that business processes or organizational functions in labour inspection and OSH nationally are performed through echelon 2 units under the control of the Directorate General of Labour Inspection and OSH namely:

1. Secretariat of the Directorate General of Labour Inspection and OSH.
2. Directorate of Labour Inspection System,

3. Directorate of Labour Norms Inspection,
4. Directorate of OSH Testing,
5. Directorate of OSH Institution,
6. Directorate of Labour Inspectors and OSH Examiners.

The Directorate General of Labour Inspection and OSH also supervise the Technical Implementation Unit (UPT) of OSH Centers consisting of: 1). Jakarta OSH Center, 2). Bandung OSH Center, 3). Medan OSH Center, 4). Makassar OSH Center, and 5). Samarinda OSH Center.

Based on MoM Regulation No. 1 of 2022 concerning the Organization and Work Procedure of the UPTs at the Ministry of Manpower, the organizational structure of the UPT of OSH Centers as shown below.

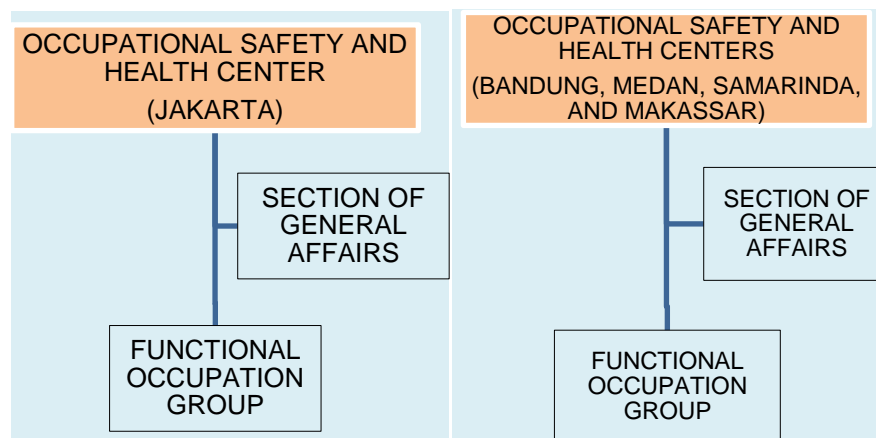


Figure 16. Structure Chart of an UPT of OSH Center

In Indonesia, nationally the authority agency administering OSH is united with the authority agency administering labour inspection, namely the Directorate General of Labour Inspection and OSH under the Ministry of Manpower. Several other countries already have institutions/agencies specifically administering national OSH. The United States established the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety and Health (NIOSH) and the American Conference of Governmental Industrial Hygienists (ACGIH). United Kingdom established the Health Safety Executive (HSE). Japan established the Japan Industrial Safety and Health Administration (JISHA) and the Japan National Institute of Occupational Safety and Health (JNIOSH). South Korea established the Korean Occupational Safety and Health Administration (KOSHA). Malaysia and Turkey have Department of Occupational Safety and Health (DOSH) and National Institute of Occupational Safety and Health (NIOSH)

B. SECTORAL OSH AUTHORITY

Based on Government Regulation No. 5 of 2021 concerning Risk-Based Business Licensing, pursuant to Law no. 11 of 2020 concerning Job Creation, mandates that licensing regarding OSH is under the authority of the Manpower Offices in stages. In the event that there is an intersection with other ministries/agencies, the Ministries or Agencies (M/As) can be the supporting agents. Thus, overlapping licensing no longer occurs and the synergy between ministries or agencies is getting better because entire licensing system is performed through an integrated electronic system or the Online Single Submission (OSS) System. Supervision of this licensing is also performed in a coordinated manner between Ministries/Agencies through the OSS supervision sub-system.

OSH programs and activities are initiated by relevant stakeholders, including the technical sector advisory institutions, namely: the Ministry of Health (MoH); Ministry of Energy and Mineral Resources (MEMR); Ministry of Public Works and Public Housing (MPWPH); Ministry of Transportation (MoT); Ministry of Maritime Affairs and Fisheries (MMAF); Ministry of Tourism and Creative Economy (MTCE); Ministry of Industry (MoI); Ministry of Agriculture (MoA), Ministry of Environment and Forestry (MEF).

C. LOCAL (PROVINCIAL) OSH AUTHORITY

The OSH authority at the provincial level follows the pattern at the national level, namely at the Provincial Manpower Office which administers labour inspection and also OSH in its area. In the implementation of OSH, the Provincial Manpower Office has the authority, among others:

1. Advisory, examination, testing, and law enforcement regarding the implementation of OSH norms
2. Issuance of Decree on Appointment or License of First Aid Officer in Workplaces
3. Issuance of Decree on P2K3 Authorization
4. Issuance of Decree on the Authorization of Occupational Health Services
5. Issuance of OSH Eligibility Certificate for OSH equipments used in the provincial working area

CHAPTER IV OCCUPATIONAL SAFETY AND HEALTH PROGRAM

A. NATIONAL OSH ENCULTURATION PROGRAM

The National OSH Programs are implemented by the government through the Ministry of Manpower and other M/As as well as the private sector and the community. The national OSH programs are directed at increasing the capacity of human resources, institutions, and the performance of the OSH programs at every level in all sectors of business activity and in society at large. The different stakeholders who play their roles in OSH enculturation in Indonesia can be illustrated in the chart below.

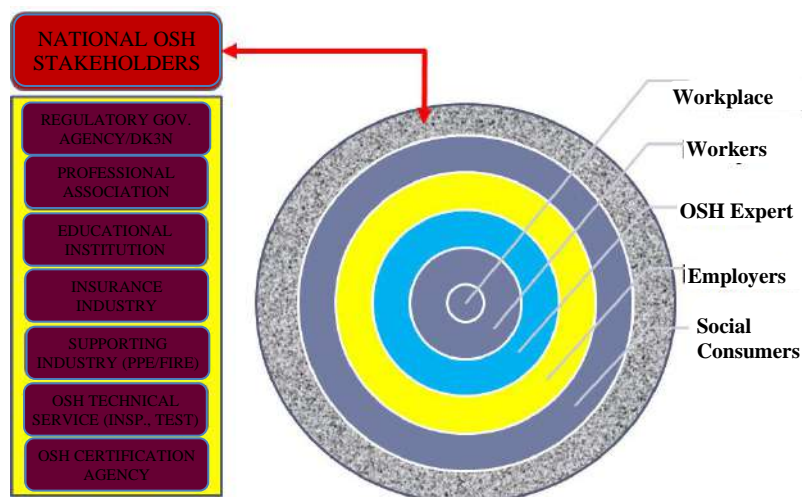


Figure 17. Illustration of various elements of stakeholders in OSH enculturation in Indonesia

The National OSH Enculturation Program is implemented through the movement of **National OSH Month (12 January to 12 February)** at all levels (national, provincial, district/city, and workplace) which has been an annual routine agenda. The main program during the National OSH Month is a promotional program for OSH enculturation including campaigns, exhibitions, awarding, press conferences, seminars, workshops, and social activities. This program is implemented by all stakeholders, mainly the government, employers, workers, agencies and other components of society, including collaboration with multilateral and bilateral organizations. The results of the implementation of the National OSH Month activities are reported by each implementing agency to the Ministry of Manpower or the Provincial Manpower Offices.

The launch of the National OSH month begins with a Flag Ceremony in commemoration of National OSH Day on 12 January. The ceremony is held at the office of the Ministry of

Manpower, and in every Provincial Government, as well as in companies or industrial estates in commemoration of National OSH Day on 12 January.

The Minister of Manpower reads out the Remarks of the Commemoration of the National OSH Day and launches the National OSH Month activities. The Minister’s remarks are also read out in each venue where the National OSH Day Flag Ceremony is held.

In practice in the field, this OSH enculturation activities are not limited to January to February, but continue in the following months. These are done in order to allow the OSH enculturation sustainably done by different groups and levels of society at large. Up to now, the development of OSH enculturation can be described in the chart below.

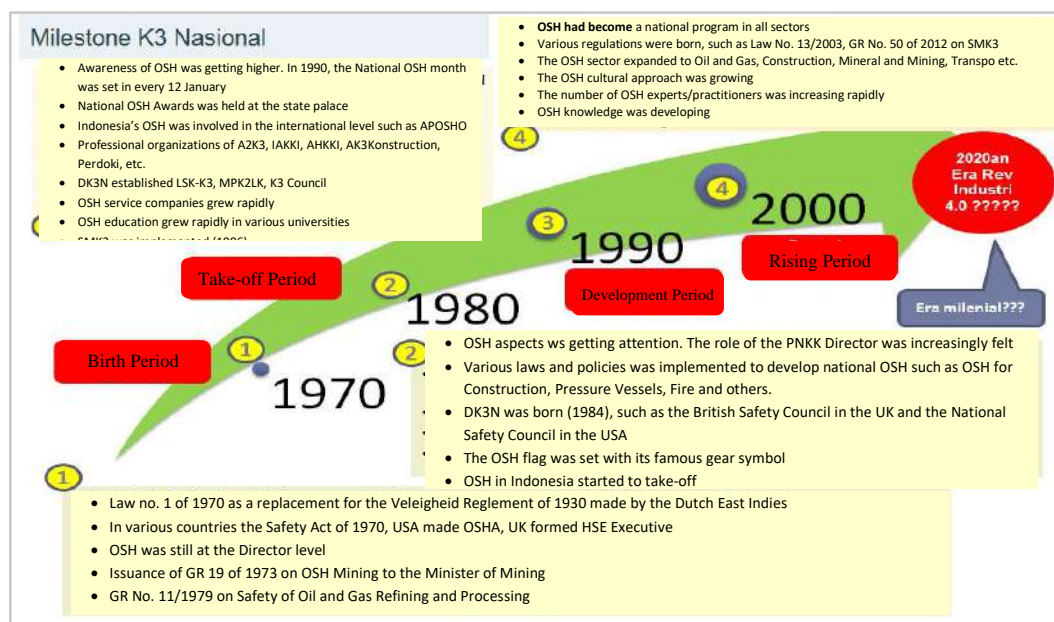


Figure 18. Illustration of milestones for the OSH Enculturation Movement in Indonesia

B. LABOUR INSPECTION PROGRAMS AND OSH SERVICES

The labour inspection programs in the field of OSH include, among others: advisory, inspection, testing and law enforcement of labour norms. The advisory, inspection and testing of OSH norms is performed by the Functional Labour Inspectors. The law enforcement of labour norms is implemented by Employment PPNS. Further OSH technical testing can be implemented by Functional OSH Examiners or Specialist OSH Experts.

The products of the implementation of Labour Inspection are, among others: Inspection Notes, Inspection Finding Reports, Test Result Reports, Certificate of OSH Eligibility, Minutes of Inspection.

1. OSH Norms Advisory Program

The OSH norms advisory is implemented as part of the implementation of the inspection of OSH norms. OSH norms advisory can be implemented collectively through activities of information dissemination, seminars, workshops, FGDs and others, either offline or online or hybridly.

2. Inspection and Testing of the Implementation of OSH Norms Program

Inspection and testing of the implementation of OSH norms is implemented by the labour inspectors as part of the overall implementation of the inspection of labour norms which includes OSH norms, work norms, and employmen social security norms. Inspection of Labour Norms can be both regular and special inspections.

a. Regular inspection and testing of the implementation of OSH norms

Inspection of OSH norms is regularly implemented by the local (provincial) functional labour inspectors as part of the overall inspection of labour norms. This regular inspection can be conducted with the national-level functional labour inspectors (MoM).

In the event that a functional labour inspector see that further OSH testing is needed, the labour inspector coordinates with the functional labour inspector with OSH specialization, functional OSH examiner or specialist OSH expert at an OSH service provider (PJK3) in accordance with the appointment and authority granted by the Indonesian Ministry of Manpower. OSH inspection and testing is implemented on the object of the OSH Norm inspection, including equipment, installation, and work environment.

b. Special inspection and testing of the implementation of OSH norms

Special inspection and testing of the implementation of OSH is implemented by the national-level labour inspector (MoM) in the case of special conditions, such as an occupational accident, a complaint on an OSH case to the ministry of manpower, a request/need for a re-examination of the OSH norm inspection by the local labour inspectors.

c. Mapping of Potential Chemical Hazards (High and Medium Hazards)

The mapping of companies with high and medium potential hazardss is performed pursuant to the Minister of Manpower Decree No. 197 of 1999 concerning Control of Hazardous Chemicals in the Workplace and Technical Guidelines for these provisions are regulated through Director General of PPK Decree No: KEP.84/PPK/X/2012 concerning Procedures for Compiling Documents on Control of High and Medium Hazards. This activity is also in line with ILO Convention No. 174 concerning the Prevention of Major Industrial Accidents Convention, 1993 (No. 174).

3. Employment Service Program on OSH

OSH services are provided by governmental and private agencies in the form of capacity and competency building, advisory, inspection, testing, consultation, evaluation and others. OSH services at the national level are provided by the Ministry of Manpower through the OSH Technical Unit within the Directorate General of Labour Inspection and OSH, UPTP of OSH Centers. OSH services at the local level are provided by the Provincial Manpower Offices, especially through the Labour Inspection Section and the UPTD of OSH Centers.

There are 18 government-owned OSH Centers consisting of 5 UPTP of OSH Centers managed by the Ministry of Manpower, and 13 UPTD of OSH Centers managed by the Provincial Manpower Offices. UPT of OSH Centers consist of: Jakarta OSH Center, Makassar OSH Center, Bandung OSH Center, Medan OSH Center, Samarinda OSH Center, while the UPTD of OSH Centers consist of: OSH Centers of DKI Jakarta, East Java, Central Java, DI Yogyakarta, West Sumatra, South Sumatra, Lampung, West Kalimantan, South Kalimantan, North Sulawesi, Maluku, Bali and NTB.

In addition, there are sectoral OSH services provided through other M/As such as the Ministry of Health, Ministry of Public Works and Public Housing, Ministry of Transportation, Ministry of Energy and Mineral Resources, Ministry of Agriculture, and others.

4. Awarding of OSH

The government motivates and encourages all parties (especially employers and workers) to improve the quality of OSH implementation in every workplace. The OSH must be implemented and is the responsibility of all parties. In order to appreciate the employers, provincial governments in their efforts to successfully implement OSH, the government through the Ministry of Manpower grants awards to increase motivation in developing and strengthening OSH programs. The awards are also intended to contribute to the success of the National Movement to Improve OSH Culture.

The awarding of OSH and selection of awardees is regulated by the Minister of Manpower and Transmigration Regulation No. PER-01/MEN/I/2007 concerning Guidelines for Awarding of Occupational Safety and Health. The regulation introduces four types of awards with the following criteria:

Table 6. Types of Awards and Awardees, Criteria and Forms of OSH Awards

No.	Type of Award	Awardee	Criteria	Form of Award
1.	SMK3	<ul style="list-style-type: none">• Company/Industry• Workplace	<ul style="list-style-type: none">• Small, medium, and large• Risk level• Audit Criteria	<ul style="list-style-type: none">• Certificate• Flag
2.	Zero Accident	<ul style="list-style-type: none">• Company/Industry	<ul style="list-style-type: none">• Number of Workers and Safe Working Time	<ul style="list-style-type: none">• Certificate

		<ul style="list-style-type: none"> • Workplace 	<ul style="list-style-type: none"> • Risk level 	
3.	OSH Motivator	<ul style="list-style-type: none"> • Governor 	<ul style="list-style-type: none"> • Number of companies receiving awards is more than 0.05% of total companies in the provincial area 	<ul style="list-style-type: none"> • Certificate • Medal • Badge
4	Person Developing OSH Culture	<ul style="list-style-type: none"> • Worker/labourer/ individual 	<ul style="list-style-type: none"> • Workers/labourers who can improve the implementation of OSH and can significantly improve the implementation of OSH so that the company concerned receives a national level award. • Individuals with concern, merit, and achievement that can move the community to improve the implementation of OSH. 	<ul style="list-style-type: none"> • Certificate • Charter • Placard

In its development, the OSH Award program has been added with the award for the HIV/AIDS Prevention and Control Program in the Workplace and the award for the COVID-19 Prevention and Control Program at the Workplace. Thus, currently the OSH awards through the Manpower Agencies related to the program consist of: (1) SMK3 Award; (2) Zero Accident Award; (3) Award for HIV/AIDS prevention and control program in the workplace; and Award for the COVID prevention and control program in the Workplace.

1. SMK3 Implementation Award

Each company has an obligation to implement SMK3 in their company. This obligation applies to companies that employ at least 100 (one hundred) workers or have a high level of potential hazards. External assessment on the implementation of SMK3 is conducted by an independent SMK3 audit agency appointed by the Minister of Manpower upon request submitted by the company to be audited. This agency can audit/assess the level of achievement in the implementation of SMK3 in the company, and the certification is performed by the Ministry of Manpower. They will audit and assess the company's SMK3 performance. The evaluation criteria for the results of the audit of the implementation of SMK3 are as follows:

Table 7. Assessment Criteria for the Result of SMK3 Implementation Audit

Company Category	Implementation Rate		
	0-59%	60-84%	85-100%
Main Category (64 Criteria)	Less good implementation rate	Good implementation rate	Satisfying implementation rate
Main Category (122 criteria)	Less good implementation rate	Good implementation rate	Satisfying implementation rate
Advanced Category	Less good implementation rate	Good implementation rate	Satisfying implementation rate
Awards/Follow-Up	Advisory Service	Silver Flag	Golden Flag

(Source Government Regulation No. 50 of 2012 concerning Implementation of SMK3)

2. Zero Accident Award

Zero accident is a condition where there is no accident in the workplace which results in workers being temporarily unable to work (*sementara tidak mampu bekerja* - STMB) for 2 x 24 hours and or causes the stoppage of process and/or damaged equipment without casualties where the loss of work time does not exceed the next shift in a certain period of time and the number of hours a particular person worked. Technical Regulations are in accordance with the MoM Regulation No. 1 of 1997 concerning Guidelines for OSH Awarding. This award is granted to company leaders who have succeeded in having safe working hours in a certain number and within a certain period of time.

KK cases that are taken into account in the awarding of this award are occupational accidents that occur in the workplace (industrial accident/injury). The company can receive a zero accident award as long as within the proposed time period there is no any occupational accident (KK) or occupational diseases (PAK) that makes a worker unable to do work (requires treatment/health care) for more than 2 X 24 hours, does not cause disability or death (fatality). Accidents that occur outside the workplace that is still related to the work performance and/or benefit from the Occupational Accident Benefit (JKK) program are not taken into account in the awarding of this OSH award.

3. Award for HIV/AIDS Prevention and Control in the Workplace and Award for COVID Prevention and Control Program in the Workplace.

This award is granted as an appreciation to the company and local government as the Advisory Entity and individuals who are concerned, in the HIV/AIDS Prevention and Control (P2 HIV/AIDS) program in the Workplace. A Company that receives this award do not mean that there is no any case of HIV/AIDS in the company. This award is granted when it has reached a certain score as the implementation of MoM Regulation No. 68 of 2004 concerning Prevention and Control of HIV/AIDS in the Workplace and Director General of Binwasnaker Decree No. 20 of 2015 concerning the Technical Guidelines for the HIV/AIDS Prevention and Control Program in the Workplace. The guidelines for awarding this award are regulated through the the Director General of Labour Inspection and OSH Decree No. 44 of 2012. Awards granted by the Minister of Manpower are in the form of certificates, placards, pins, and badges.

Table 8. Scoring and Rating of Awards for P2-HIV/AIDS Program in the Workplace

No	Achievement Score (Mark)	Acievement Rate
1	>85	Platinum
2	66-85	Gold

3	56-65	Silver
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C. CAPACITY BUILDING PROGRAM FOR OSH HUMAN RESOURCES AND INSTITUTIONS

1. Capacity Building for OSH HRs

In addition to labour inspectors and labour inspectors with OSH specialization in the employment agency, there are also OSH Experts outside the employment agency such as in companies, OSH service providers, and in other ministries/sectors.

OSH HRs consist of various types of expertise and skills, namely: OSH experts, OSH specialists, auditors of occupational safety and health management system (SMK3), industrial hygienists, ergonomist, company doctors/*hiperkes* doctors, workers' health examining doctors, company paramedics/ occupational health nurses, technicians, operators, officers and others who administer OSH in different fields such as: boilers, pressure vessels and storage tanks, power and production tools, lift and transport tools, fire prevention, electricity and lightning protection, rigger, welding, scaffolding, control of toxic and hazardous chemicals, work environment, industrial hygiene, work ergonomics, working at heights, confined and closed spaces, first aider in the workplace, meals provider in workplace, and SMK3 audits.

In the national and local (provincial) employment agencies, there are functional labour inspectors and functional OSH examiners. Some labour inspectors are appointed as Employment Investigators of Civil Servant (*Penyidik Pegawai Negeri Sipil* - PPNS) who are tasked and authorized as law enforcement officers in the field of manpower, including OSH. In several other ministries there are functional personnel on OSH such as Occupational Health Advisors at the Ministry of Health, Mining Inspectors at the Ministry of Energy and Mineral Resources, and others.

OSH HR capacity building is implemented through various activities such as training, competency testing, certification/appointment, TOT, seminars, workshops, FGDs, and others. These activities are implemented with the target of implementers, supervisors and advisors of OSH in government and private agencies such as professional associations and OSH service providers or companies. The topics of OSH development include the socialization of regulations, implementation of regulations and thematic topics according to the needs and developments in the field of OSH.

a. Occupational Safety and Health Expert

Occupational Safety and Health Experts (OSH Experts) are an extension of the ministry of manpower to provide guidance and supervision of the implementation of OSH norms in companies/workplaces. OSH experts also assist employers in supervising, monitoring, and

improving the implementation of OSH. OSH experts can improve OHS skills and culture by providing knowledge and motivation to workers/labourers in each company or place where they work. The Secretary of the Occupational Safety and Health Advisory Committee (P2K3) must be held by an OSH Expert.

b. Company Doctor

A company doctor is a doctor who has the task of implementing OSH especially in occupational health aspects /programs in a company. The occupational health program is implemented through the Occupational Health Service unit in the company. Every company doctor is required to have a training certificate or have a certificate of competence in *Hiperkes* / occupational health. In the event that the company doctor is appointed by the employer as the person in charge of the occupational health service unit, the company doctor must obtain a Decision Letter on Appointment (*Surat Keputusan Penunjukkan - SKP*) as a Workers' Health Examining Doctor.

For the OSH HRs mentioned above, in addition to providing advisory service, those who meet the requirements according to the OSH regulations are also provided with a Decision Letter on Appointment (SKP) or a license by the government through the Ministry of Manpower on the recommendation by the company or workplace leadership. The granting of this authority is done as one of the ways or strategies for expanding the range of implementation of OSH norms and OSH enculturation. The OSH HRs who are granted with this authority are also an extension of the government, in this case the Ministry of Manpower, in conducting internal OSH advisory and supervision or OSH technical implementers in their respective companies/workplaces.

The appointment of general OSH Experts and Workers' Health Examiners is directed as an extension of the government's arm to provide advisory and supervision at the company/workplace level. The appointment of OSH specialists, operators, technicians, officers and others in the field of OSH aims at making the technical implementation of OSH in the field conducted professionally by competent OSH personnel in their respective fields/specialties.

In addition to building the capacity of general and specialist human resources in OSH, capacity building of HRs in certain OSH fields is also conducted including: work ergonomics, work psychology, work nutrition, hygiene and sanitation in the provision of meals in the workplace, HIV and AIDS prevention and control (P2- HIV and AIDS) in the Workplace, TB prevention and control (P2-TB) in the Workplace, COVID prevention and control (P2-COVID) in the Workplace, Prevention and Control of Drug Abuse and Illicit Trafficking (P4GN) in the Workplace, and others. The capacity building or advisory service is conducted for general OSH HRs and OSH Specialists, company management, workers/labourers, trade union/labour union (TU/LU) administrators, OSH professionals, and other stakeholders or the community.

The above pattern is implemented to improve the OSH culture in every company/workplace and every business sector as well as the wider community thereby able to prevent and/or

minimize occupational accident and disease cases, whether in frequency rate, severity rate and fatality rate.

2. OSH Agency Capacity Building Program

a. OSH Implementing Agency of the Government Institutions

The government through the Ministry of Manpower, or together with other Ministries/Agencies, encourages and/or advises public and private OSH agencies, including the National Occupational Safety and Health Council (DK3N), Provincial OSH Council (DK3P), Occupational Safety and Health Centers (OSH Centers), PJK3 and SMK3 audit agencies.

The National Occupational Safety and Health Council (National OSH Council) consists of Tripartite elements, i.e., the government, employers' organizations, and workers' organizations as well as other elements such as academics and OSH experts who jointly play their roles in encouraging OSH culture in Indonesia. The main function of the National OSH Council is to provide input to the Minister of Manpower in developing national OSH policies. The National OSH Council also helps encourage employers' and workers' organizations to comply with all OSH regulations and build an Indonesian OSH culture. The Provincial OSH Council has the main function of providing advice and recommendations to their respective governors regarding the implementation of OSH policies at the provincial level.

b. Employment Training Agency

One of the technical work units within the ministry of manpower is the Employment Human Resource Development Center (PPSDM Employment).

Based on the Minister of Manpower Regulation Number 1 of 2021, concerning the Organization and Work Procedure of the Ministry of Manpower, the PPSDM Employment is a supporting element for the tasks of the Ministry of Manpower in the Education and Training of Employment HRs which is under and responsible to the Minister of Manpower through the Secretary General. The training of OSH is mainly the Training of Labour Inspectors and the Training of OSH Examiners. Communication media with PPSDM Employment can be accessed through the website: <http://ppsdm.kemnaker.go.id>, email: pusdiklat.sdm@kemnaker.go.id and Phone: [\(021\) 8090804](tel:0218090804).

c. Employment Polytechnic

The Ministry of Manpower has established a Vocational College, namely the Employment Polytechnic (*Politeknik Ketenagakerjaan* - POLTEKNAKER) with three vocational education programs, namely:

- 1) D4 of Occupational Safety and Health Study Program
- 2) D4 of Industrial Relations Study Program
- 3) D3 of Human Resources Management Study Program

As a Vocational College under the auspices of the Ministry of Manpower, POLTEKNAKER provides 100% educational scholarships for prospective students who pass the New Student Admissions selection. With the vision of "Becoming a Superior Polytechnic to Produce Human

Resources who are able to Administer Employment Issues in the Global Era Competition”, POLTEKNAKER carries out the mission:

- i. Organizing Vocational Education in the Employment Sector;
- ii. Conducting Applied Research in the Employment Sector;
- iii. Conducting Community Service Activities in accordance with Community Needs in the Employment Sector;
- iv. Producing Graduates With Competence in the Employment, With Noble Morals, Independent, Professional and Competitive;
- v. Devoting the Expertise in the Employment and Strengthening Partnerships with the Business/Industrial World

Address of the campus and communication media of POLTEKNAKER: Pengantin Ali Street No.71A, RT.7/RW.6, Ciracas, Subdistrict of Ciracas, East Jakarta City, Special Capital Region of Jakarta 13740; website: polteknaker.ac.id; Email: support@polteknaker.ac.id; Telp: (021) 877-24230; Whatsapp: 08111742451.

d. OSH Implementing Agency at the Company Level

The OSH Unit as an OSH agency at the company level includes the Occupational Safety and Health Advisory Committee (P2K3), Occupational Health Service Unit, First Aid Unit (P3K) in the Workplace, Emergency Response Unit, Fire Management Unit in the workplace and others.

1) Occupational Safety and Health Advisory Committee (P2K3)

In Article 10 Paragraph (1) of Law No. 1 of 1970, it is stated that the Minister of Manpower has the authority to establish an Occupational Safety and Health Advisory Committee (P2K3) in order to develop cooperation, mutual understanding and effective participation of employers or management and workers in workplaces for jointly performing duties and obligations in the occupational safety and health in the context of launching a production business.

The P2K3 structure, duties and others are regulated through MoM Regulation No. 4 of 1987 concerning the Occupational Safety and Health Advisory Committee (P2K3) and Procedures for Appointing Occupational Safety Experts. Pursuant to the MoM Regulation, at the company level, the OSH Expert is the driver of the OSH program through the P2K3 unit, which serves as the P2K3 Secretary.

The P2K3 is a forum for communication and cooperation between management, workers/labourers, and their representatives, to provide advice and considerations regarding the development of the OSH system to management and to perform the following functions:

- a) collecting and analyzing OSH data;
- b) helping guide workers to work safely and healthily;
- c) evaluating and providing measurements for improving work procedures;

- d) investigating and evaluating the underlying causes of occupational accidents and diseases;
- e) doing research on safety, health, ergonomics and hygiene;
- f) supervising and advising on nutrition in the workplace;
- g) supervising the safety of work equipment;
- h) helping develop occupational health services;
- i) Developing occupational health and safety laboratories, conducting laboratory examinations and interpreting examination results;
- j) Organizing the administration of occupational safety, company hygiene and occupational health.

P2K3 authorization is provided by the Provincial Manpower Office. P2K3 organized regular meetings, at least once in 3 (three) months. The results of the meeting are reported to management which can be used as recommendations. The management then forwards the report to the provincial manpower office for monitoring and advisory through labour inspection.

2) Occupational Health Service Unit

Companies are also required to provide occupational health services based on article 3 of Law No. 1 of 1970 and the Minister of Manpower Regulation No. 3 of 1982 concerning Occupational Health Services. In the implementation of Occupational Health Services, the company may establish an Occupational Health Service Unit in the company or cooperate with health facilities outside the company.

The Occupational Health Service Unit must be operated by a doctor with competence in the occupational health. This competence is obtained through training on Corporate Hygiene, Occupational Safety and Health (*Hiperkes*) in accordance with the Minister of Manpower and Transmigration Regulation No. 1 of 1976. Likewise, paramedics or health nurses who play a role in the Implementation of Occupational Health Services are also required to have a *Hiperkes* Certificate pursuant to the Minister of Manpower and Transmigration Regulation No. 1 of 1979.

In general, the Occupational Health Service program must include promotive, preventive, curative and rehabilitative health efforts. These health efforts must be performed on a risk-based basis in the workplace in order to prevent the risk of occupational accidents, occupational diseases, and other diseases/health problems for workers.

3) Other OSH Implementing Units in company/workplace.

Other OSH Implementing Units in the workplace can be:

- 1) First Aid Team (P3K) in the Workplace
- 2) Workplace Meal Provider Team
- 3) Fire Fighting Team in the Workplace
- 4) Emergency Response Team in the Workplace
- 5) P2-HIV/AIDS Team in the Workplace

- 6) KK/PAK Investigation Team in the Workplace
- 7) P2-COVID Team in the Workplace.

e. **OSH Program by an OSH Agency appointed by the Government.**

The government through the Ministry of Manpower appoints OSH agencies that are authorized to provide OSH services for companies and/or the public, namely the Occupational Safety and Health Service Providers (PJK3) and the SMK3 Audit Agency.

1) Occupational Safety and Health Service Provider (PJK3)

PJK3 as an agency/company that provides OSH services has a key role in promoting and improving the implementation of OSH by providing consultancy, technical inspection, assessment, testing, installation, improvement, and training services on OSH for employers and workers/labourers. Pursuant to the Minister of Manpower Regulation No. 4 of 1995 concerning PJK3, an OSH Service Provider consists of:

- a) OSH consultant Services;
- b) OSH Manufacturing, Maintenance, Repair and Technical Installation Services;
- c) OSH Technical Inspection and Testing Services;
- d) Inspection/Testing Services and or Occupational Health Services;
- e) OSH Audit Services; OSH Advisory Services.

2) SMK3 Audit Agency

SMK3 Audit Agency is a service agency/company whose function is to assist companies to conduct external audits of the implementation of SMK3 in accordance with GR 50 of 2012 and as of 2022, 22 SMK3 audit service companies have registered.

f. **OSH Program through the OSH Sector Association**

In Indonesia, there are several OSH professional organizations or associations and OSH institutional associations. They also work closely with the government and companies as well as the community to provide OSH services and improve the implementation of OSH regulations and standards. The OSH Sector Association generally consists of the OSH Professional Association and the OSH Sector Institutional Association.

g. **OSH Program through Industry Actors, Individuals and Society**

1) Employers

Employers, particularly senior management, have an influential role in enhancing the OSH cultural capabilities in their respective workplaces. They create a workplace framework for OSH culture, including by equipping workers with adequate training on OSH culture and allocating resources for OSH culture.

2) Workers/Labourers and Trade/Labour Unions

Trade/labour unions represent the interests of workers, and these unions are the right place to pro-actively promote OSH awareness among workers/labourers.

Workers/labourers often face risks in their workplaces for a relatively long period of time, so their active participation in various issues regarding OSH in the workplace is very important. Employers have a responsibility to provide adequate training and protection against potential hazards, while workers themselves must be responsible for their own safety and health.

Workers/labourers themselves must understand the risks associated with their jobs and they are properly equipped to manage risks and comply with OSH procedures properly.

3) Individual actors or the community

Many actors are individuals in supporting the implementation of OSH programs and enculturation in Indonesia. These actors include consultants, educators, professionals, caregivers, observers of OSH. The Indonesian government considers that they also need to benefit from capacity building activities and are encouraged to play a role in the widespread and sustainable OSH enculturation. Their existence and role is relatively increasing from year to year.

One of the roles of Indonesian OSH practitioners from various sectors in promoting OSH literacy is the publication of the “Book of 100 Indonesian OSH Leaders” and “Book of 100 Indonesian Mining Children”.

D. SECTORAL OSH PROGRAMS

Several Ministries/Sectors have implemented OSH programs in accordance with the characteristics of each sector, including:

1. Health Sector

The health sector is a very strategic and fundamental development sector because it is directly related to the human quality of life and health, starting before birth, at birth and throughout life. Workplaces in hospitals and other health facilities have a high risk of occupational accidents and diseases for their workers and the risk of accidents and disease transmission to visitors or other people and the community. The risk of PAK in this sector is mainly nosocomial diseases due to infection from germs. Hospital or health facilities’ waste is also categorized as hazardous waste for public health (infectious waste).

The Ministry of Health has issued regulations on occupational health and OSH and implemented various programs related to OSH in the form of occupational health and OSH programs in Hospitals/Health Facilities and offices. In addition, the establishment of a work unit specifically related to OSH, namely the Directorate of Health of Productive Age and the Elderly as a change from several previous nomenclatures, including the Directorate of Occupational Health and Sports.

2. Construction Sector

The construction sector is one of the drivers of economic growth and development progress which is very important and strategic, especially through infrastructure development. This sector is categorized as workplaces with a high risk of occupational accidents and diseases. Construction accidents that occurred at the end of 2017 to 2018 became a turning point for Construction Safety in Indonesia.

The Ministry of Public Works and Public Housing has issued and implemented various regulations and programs regarding OSH which are mainly in the form of the Construction OSH program. The work unit specifically linked to OSH in the Construction sector is the Directorate of Construction Sustainability, of the Directorate General of Construction, of the Ministry of PwPH.

In 2018, the Ministry of PwPH organized a construction safety movement by transforming regulations and policies. In line with the mandate of Law no. 2 of 2017 concerning Construction Services, the Ministry of PwPH as the ministry that administers government affairs in the field of construction services is responsible for the implementation of construction services in accordance with the Security, Safety, Health and Sustainability standards or K4 standards (construction engineering safety, OSH, environmental safety and public safety).

The acceleration of infrastructure development targets does not ignore aspects of quality, environment, construction safety and traffic in its implementation and has the principle of sustainable development. This Regulation concerning Construction Safety is a preventive measure from construction accidents and building failures. As stated in Law no. 2 of 2017, in Article 59, that all construction service providers, both users and providers, are required to meet the K4 Standard by taking into account the geographical conditions and the comfort of the built environment. More detailed provisions concerning Construction Safety have been stated in the Minister of PwPH Regulation No. 10 of 2021 concerning Guidelines for Construction Safety Management System.

OSH services provided through the Ministry of PwPH include; 1) providing training and certification of technical guidance on construction safety management systems, 2) conducting

job competency training for construction safety officers, 3) providing assistance on the construction safety management systems to the State Capital project.

3. Energy and Mineral Resources Sector

The EMR sector is an important and strategic sector as well as a major foreign exchange contributor to national development. This sector is categorized as workplaces with high risk of occupational accidents and occupational diseases due to hazardous factors in the mining and oil and gas workplaces.

The Ministry of Energy and Mineral Resources has issued regulations on OSH related to the mining and oil and gas sector and has implemented various programs related to OSH such as Minister of Energy and Mineral Resources Regulation No. 18 of 2018 and the Minister of Energy and Mineral Resources Regulation No. 26 of 2018. OSH services provided through the Ministry of Energy and Mineral Resources include; 1) providing training and competency certification for OSH inspectors for EMR sector business actors, 2) Periodically inspecting business activities in the implementation of OSH to EMR sector business actors.

The work units specifically related to OSH in the EMR sector are the Directorate General of Mineral and Coal, the Directorate General of Oil and Gas, the Directorate General of Electricity, the Directorate General of New Renewable Energy and Energy Conservation.

4. Transportation Sector

The transportation sector is one of the most important and strategic economic drivers. The risk of accidents in the transportation sector is quite high, whether in land, sea and air transportation. Accidents that occur in this sector often lead to death and injury for many victims, especially users of transportation services.

The implementation of OSH in this sector is focused on preventing occupational accidents and diseases for its employees, protecting users of transportation services and other communities from the risk of accidents and environmental pollution.

The Ministry of Transportation has implemented various programs related to OSH, which are mainly in the form of OSH programs in the transportation sector (land, sea, air, and railway). Several regulations on OSH in the transportation sector have been issued such as Law No. 1 of 2009 concerning Aviation, Law no. 17 of 2008 concerning Shipping, Law Number 22 of 2009 concerning Road Traffic and Transportation, and Law Number 23 of 2007 concerning Railways. The work units related to OSH in the Transportation sector are attached to every work unit within the Ministry of Transportation.

OSH services provided through the Ministry of Transportation include; 1) inspecting vessels in the implementation of International Maritime Organization (IMO) standards, 2) inspecting the road transport safety management, and roadworthiness, 3) inspecting railway safety management, 4) inspecting airworthiness according to standards International Civil Aviation Organization (ICAO).

5. Agricultural Sector

The agricultural sector including plantations in Indonesia has a fairly dominant proportion. This sector also has a high risk of occupational accidents and diseases. This sector uses a lot of hazardous chemicals such as pesticides, herbicides, rodenticides and so on.

The Ministry of Agriculture has implemented various programs in OSH, which are mainly in the form of OSH programs in the agricultural sector, including plantations. Several regulations on OSH related to the agricultural sector have been issued.

6. Industrial Sector

The Ministry of Industry has implemented various programs related to OSH, which are mainly in the form of OSH programs in the industrial sector. Several regulations on OSH related to the industrial sector have been issued, such as Minister of Industry Regulation No. 23 of 2013 concerning amendments to Minister of Industry Regulation No. 87 of 2009 concerning the Global Harmonized System (GHS) and B3 Label.

7. Education Sector

The education sector is very important and strategic to internalize OSH values since the early age and in stages starting from the lowest to the highest levels of education, whose graduates will eventually play a role in the business world and the industrial world. Thus, the education sector is very important to realize the OSH culture in society at large. The implementation of OSH in the education sector, in addition to preventing occupational accidents and diseases for officers/employees, is to protect students and other people in the educational environment from the risk of accidents.

Until now, many universities have played a role in OSH programs, especially those that already have OSH education program. Many studies have been conducted by students and lecturers in existing OSH study programs. Several universities have also developed cooperation with the Ministry of Manpower in developing OSH human resources.

8. Tourism Sector

The implementation of OSH in the Tourism Sector is very important and strategic. The tourism is a sector/industry whose workplaces are also a public places visited by many people or tourists, both domestic and foreign. This sector also has the risk of occupational accidents and diseases for its workers, as well as the risk of accidents and diseases for tourists or the public. The implementation of OSH in this sector will improve the quality and competitiveness of this business.

The Ministry of Tourism and Creative Economy has implemented various programs on OSH, including the OSH programs for the hotel sector. Several regulations concerning OSH in relation to the tourism sector have been issued such as the Minister of Tourism and Creative Economy Regulation No. 4 of 2021 and the Minister of Tourism and Creative Economy Regulation No. 18 of 2021.

9. MSME Sector and Informal Economic Sector

Micro, Small and Medium and Enterprises (MSMEs) are very broad business fields, covering a wide range of business development from the sectors of culinary, fashion, education, automotive to creative products, some of which are informal sector businesses. Currently, the development of MSMEs is recorded at more than 65 million MSMEs spread across Indonesia. In 2016, there were 61.7 million MSMEs in Indonesia with the number continuing to increase until 2021, where the number of MSMEs reached 64.2 million. As of May 2022, 19 million Micro, Small and Medium Enterprises (MSMEs) have entered the digital ecosystem.

MSMEs are one of the great opportunities to absorb workforce in each region. This process certainly helps the occurrence of equity and economic development. The contribution of MSMEs is recorded at around 61 percent of the national GDP and absorbs 97 percent of the total workforce.

Sun Life, in its survey of around 2,400 small and medium business owners in 7 Asian countries, Hong Kong, India, Indonesia, Malaysia, Philippines, Singapore and Vietnam in 2021, found that SME actors have a positive level of optimism about better growth opportunities this year, but it needs to be balanced with the understanding that they still have some risks.

Regarding risk mitigation, only 61% of respondents have personal health and accident insurance; 36% have health and accident insurance for employees; and only 18% have insurance as key men in their companies. Therefore, real action is needed to mitigate the impacts of risk, which is an effort that needs to be taken to build stronger resilience in business continuity, and to provide more security and peace for business owners and employees.

The OSH program intervention in this sector must be part of the priority of the National OSH program. The OSH program in this sector does not only focus on safety and health risks,

furthermore, it focus especially on the risk of business continuity, and how to maintain and improve the quality of their products.

The Indonesian government through the Ministry of Manpower and the Indonesian Manpower Offices as well as other actors conduct a number of OSH activities for micro, small and medium enterprises. These activities are conducted in collaboration with the government and national and international stakeholders and organizations.

E. NATIONAL OSH STANDARDIZATION PROGRAM

1. Standardization of Products Related to OSH

The OSH technical standardization program is implemented in collaboration with the Ministry of Manpower with the National Standardization Agency (*Badan Standardisasi Nasional* - BSN), OSH experts and practitioners and other stakeholders. Several Indonesian National Standards (SNI) in the field of OSH have been issued. The list of SNIs for the OSH is attached (Appendix IV).

2. Standardization of OSH Professional Competency

Agencies with a major role in this matters are the National Professional Competency Certification Agency (*Badan Nasional Sertifikasi Kompetensi Profesi* - BNSP) and LSP. The OSP professional competency standardization program is implemented through the establishment and development of the SKKNI on OSH, SKKNI-based training, and the OSH Competency Test in accordance with the SKKNI. This program is implemented through collaboration between government agencies, employers' associations, Trade/Labour Unions, OSH Professional Associations, Universities and other relevant parties.

a. BNSP

The National Professional Certification Agency (BNSP) is an independent body responsible to the President of the Republic of Indonesia, which has the authority to develop professional certification and competency-based HR training for workers, including for professions/HRs in the field of OSH. Competency-based HR training is implemented through the Education and Training Agency (LDP). Professional competency certification is implemented through the Professional Certification Agency (LSP). Both LSP and LDP are accredited by BNSP.

b. LSP

Professional Certification Agency (LSP) is the name of the implementing agency for competency certification activities that hold a license from BNSP. As of 2018, there are more

than 500 LSPs established in Indonesia, some of which are related to competency certification of OSH HRs.

F. HEALTH, OCCUPATIONAL HEALTH AND EMPLOYMENT SOCIAL SECURITY PROGRAM

Health, occupational health and social security programs for workers are an inseparable part or aspect of the implementation of the OSH program. This is because the health conditions of workers greatly affect their safety. Workers who suffer from diseases or have health problems will be at high risk of occupational accidents and diseases. Meanwhile, social security programs, both health insurance and Occupational Accident Benefit, play a very important role in providing health services for illness or for occupational accidents and diseases.

The implementation of OSH must be accompanied or in line with the workers health program and social protection. With this comprehensive protection, the implementation of OSH program will be more effective and provide more benefits. On the other hand, the success of OSH program will also contribute to two important issues: 1) contribution to the success of national health development, and 2) contribution to the reduction of occupational accidents, occupational diseases and other diseases/health problems in terms of frequency rate, severity rate and fatality rate. In the long term, this condition will further reduce the level of claims for social security programs both to BPJS Health and to BPJS Employment.

The obligations of employers according to regulations in protecting workers from occupational accidents and diseases through the Occupational Accident Benefit (JKK) program of BPJS Employment include:

1. registering their workers with the employment social security program;
2. reporting KK or PAK cases to the local Manpower Office and BPJS Employment Office
3. Facilitating the filing of JKK claims if workers having occupational accidents/diseases have been registered as participants in the JKK program of BPJS Employment or provide JKK compensation if workers having occupational accidents/diseases have not been registered as participants in the JKK program of BPJS Employment.

The scope of the benefits of the JKK program of BPJS Employment includes occupational accidents/diseases, extended to accidents outside the workplace that is still related to work performance, including cases of sudden death at work caused by any disease.

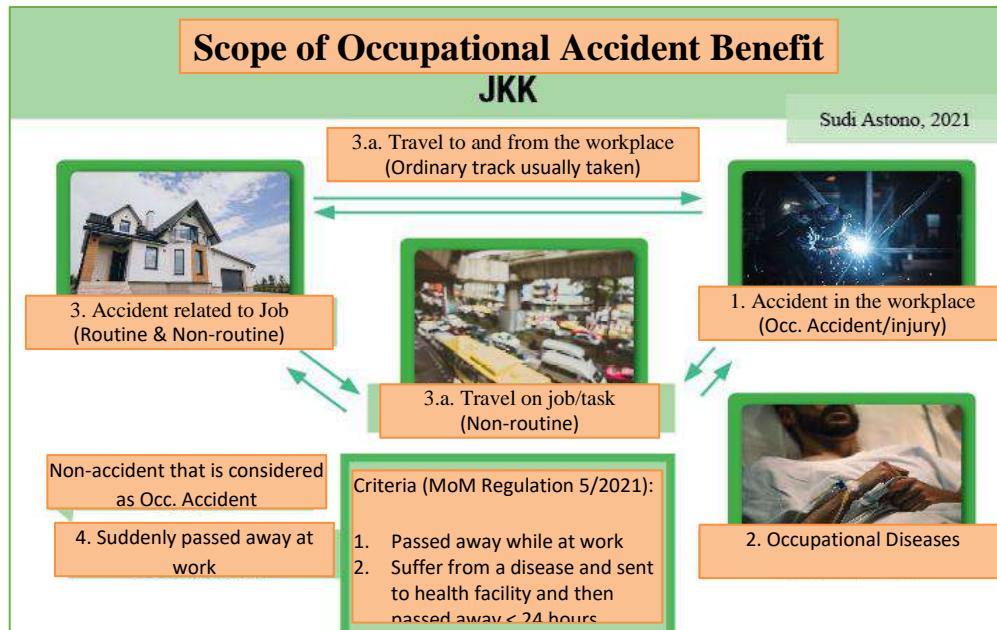
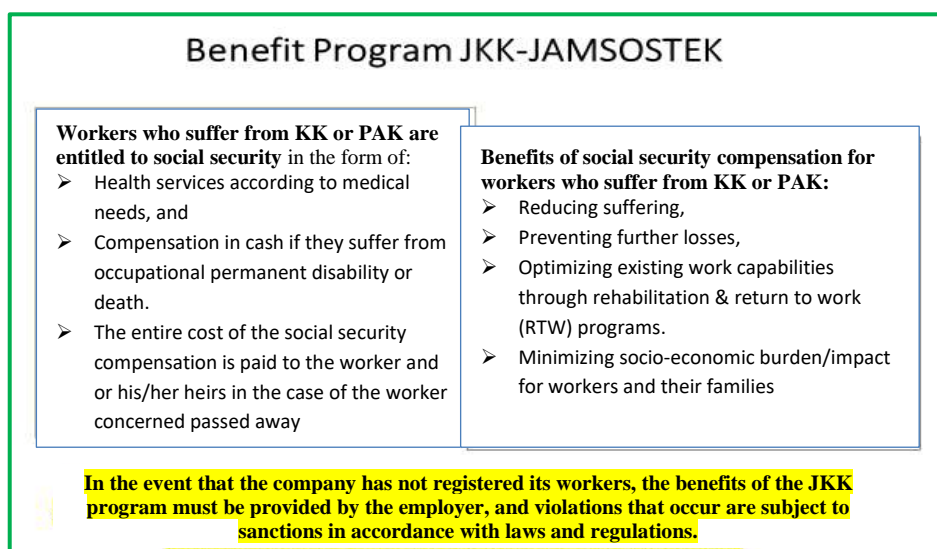


Figure 20. Scope of the JKK Program
(Source: GR No 44 of 2015 and MoM Regulation No 5 of 2021, processed).

Compensation or benefits in the JKK program that must be provided for workers (or their families and heirs) who have KK/PAK according to regulations include:

1. wage replacement for the period of unable to work (STMB),
2. overall cost of treatment and care according to medical needs,
3. reimbursement of transportation costs,
4. disability compensation (if the KK/PAK case causes permanent disability),
5. death compensation (if the KK/PAK case lead to the worker's death),
6. rehabilitation costs and return to work program as needed,
7. Periodic Compensation and scholarship for children of workers who are still in school if the KK/PAK case causes total disability or death.



Box 22. Various Benefits of the JKK Program

The amount of disability compensation is provided based on the percentage (%) of disability referring to the standard table (Appendix of GR No. 44 of 2015) X 80 X last month wage. Compensation for death due to PAK is provided at 60% X 80 of the last month wage. In the case of PAK that causes death, the benefits of the JKK program are paid to the family/heirs.

Benefit of Medical Services of the JKK Program is provided fully according to the medical needs (GR 82 of 2019, amendment to GR 44 of 2015)	
1. Basic and supporting examinations;	8. Medical devices and implants;
2. First and advanced level of care;	9. Doctor/medical services;
3. Inpatient class 1 by government hospital, local government hospital, or equivalent private hospital;	10. Operation;
4. Intensive care;	11. Blood service;
5. Diagnostic support;	12. Medical rehabilitation;
6. Treatment, including comorbidities and complications related to the occupational accidents and diseases;	13. Home care for participants who are unable to continue treatment at the hospital; and
7. 7. Special services;	14. Diagnostic examination in solving occupational disease cases.

Box 23. Benefits of the JKK Program in Health Services for KK and PAK Cases

The amount of JKK compensation in the KK and PAK cases is in accordance with the Government of the Republic of Indonesia Regulation No. 44 of 2015 concerning Occupational Accident Benefit and Death Benefit (JKK and JKM) as described in the chart below.



Figure 21. Chart of Components and the amount of compensation for Occupational Accident Benefit For the KK and PAK Cases (Source GR No. 82 of 2019 concerning JKK and JKM).

The flow of claim filing process for the benefits of the JKK program based on the Minister of Manpower Regulation No. 5 of 2021 can be seen in the figure below.



Figure 22. Flowchart of the JKK Program Benefit Claim Filing Process.

If workers who have not been registered with the BPJS Employment program, all of these benefits must be provided by the employer in the same amount as the one stipulated by the regulation.

<p>In the event that a company/ employer has not registered their workers with the social security program</p>	<ul style="list-style-type: none"> • The company/employer shall be required to provide all of the benefits mentioned above (according to the laws and regulations) to the employee or the rightful heir with the component and amount of at least the same. • As for the non-compliance of the company/employer with the social security laws and regulations, sanctions will be imposed and law enforcement will be implemented through labour inspectors and PPNS in accordance with the laws and regulations
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Box 24. Company’s obligation to provide benefits of the employment social security program.

The law enforcement of all regulations mentioned above is conducted through the Labour Inspection System which is also regulated through the national labour inspection regulation.

G. INTERNATIONAL OSH PROGRAM

In addition to the national OSH program, Indonesia also plays an active role in the International OSH program, both as a participant and host, from both government and non-government elements or a combination of both. The roles of the Indonesian government regularly played by the Ministry of Manpower so far are the ILO, ASEAN OSHNET, ASEAN BCA, SESRIC, ALIC, ALICOM programs. There are also roles of the Indonesian government played by other Ministries/Agencies such as the Ministry of Transportation through IMO, and BSN in ISO and other international standards meetings.

Indonesia has played an active role in the International Forum on the International Standard Organization Technical Committee (ISO TC 283) through a team under the coordination of the National Standardization Agency (BSN).

In addition, the Ministry of Manpower through the Directorate General of Labour Inspection and OSH has entered international cooperation with various parties including:

1. *ASEAN OSH NETWORK* (ASEAN OSHNET) is an OSH networking forum for ASEAN countries. Regular programs are:
 - a. *Coordinating Board Meeting* organized once a year.
 - b. *ASEAN OSHNET Conference* organized once a year.
 - c. *ASEAN OSHNET Awards* organized twice a year
 - d. And other training and projects included in the *ASEAN OSHNET Workplan*
2. *ASEAN Labour Inspection Conference* (ALIC) is an ASEAN-wide labour inspection conference, organized once a year.
3. *ASEAN Labour Inspection Committee* (ALICOM), is a labour inspection network of ASEAN countries. Regular meetings are planned to be organized once a year and training activities or other projects will be implemented in accordance with the work plan.
4. *ASEAN Business Coalition on HIV-AIDS* (ASEAN BCA) is a coalition of ASEAN-wide companies in handling HIV-AIDS in the workplace. Its activities are:
 - a. Meeting, organized regularly once a year.
 - b. *ASEAN Red Ribbon on the Workplace* (ARROW) Award, organized twice a year.
5. *G20 OSH Network*, is an OSH networking forum for G20 countries. Meetings are organized at least once a year.
6. *Organisation of Islamic Cooperation – OSH Network* (OIC-OSHNET) is an OSH networking forum in OIC countries. Meeting is organized at least once a year.
7. *The Statistical, Economic and Social Research and Training Centre for Islamic Countries* (SESRIC), is part of the OIC whose task is to promote socio-economic development in order to promote intra-OIC cooperation in fields relevant to its mandate, namely statistics, economic and social research and training and technical cooperation. SESRIC has collaborated with the Directorate General of Labour Inspection and OSH OSH by collaborating in organizing OSH workshops for OIC and ASEAN countries.
8. *International Labour Organisation* (ILO) is an agency of the United Nations (UN). The main objectives of the ILO are to promote rights at work, promote decent work opportunities, enhance social protection and strengthen dialogue to address issues regarding the world of work. In an effort to build the capacity of labour inspection, the Directorate General of Labour Inspection and OSH in collaboration with the ILO has done a lot of cooperation in terms of training and assistance.

9. *Korea Occupational Safety and Health Agency (KOSHA)* is an agency that functions to protect the health and safety of workers in Korea. In an effort to build the capacity of labour inspection, the Directorate General of Labour Inspection and OSH and KOSHA has collaborated a lot in terms of training and assistance.
10. *Japan International Cooperation Agency (JICA)* provides technical cooperation and other forms of assistance that promote economic and social development in developing countries. In an effort to build the capacity of labour inspection, the Directorate General of Labour Inspection and OSH and JICA has collaborated a lot in terms of training.

H. OSH PROGRAM FINANCING

To achieve the objectives of the OSH program in Indonesia, the Government allocates budgets to a number of ministries related to OSH. During the preparation of this document, data on the amount of the OSH budget allocated to ministries/agencies outside the Ministry of Manpower had not been obtained.

Because the Ministry of Manpower is the leading sector for OSH, the OSH budget in this ministry is very important.

The following is the amount of the OSH activity budget at the Ministry of Manpower, expressed in Million Rupiah.

Table 9.
Total OSH Program Budget at the Directorate General of Labour Inspection and OSH of the Ministry of Manpower for the Period of 2019-2021

No	Name of Work Unit	Amount in Rupiah		
		2019	2020	2021
1	DIT. PNK3	10,431,714,000	10,602,888,000	8,737,346,000
2	DIT. BINA K3	9,019,812,000	10,599,177,000	9,311,311,000
3	JAKARTA OSH CENTER	4,779,247,000	5,287,289,000	3,352,247,000
4	BANDUNG OSH CENTER	5,214,302,000	6,202,777,000	4,441,011,000
5	MEDAN OSH CENTER	4,030,334,000	5,321,438,000	3,607,546,000
6	SAMARINDA OSH CENTER	5,121,620,000	6,010,925,000	3,898,101,000
7	MAKASSAR OSH CENTER	5,958,271,000	5,378,349,000	3,665,597,000
8	HIPERKES CENTER IN SURABAYA	2,418,542,000	2,730,543,000	1,798,370,000
TOTAL		46,973,842,000	52,133,386,000	66,253,202,000

(Source: Directorate General of Labour Inspection and OSH, MoM RI 2022)

The data for financing the OSH program in other Ministries/Sectors has not been obtained, except for the program at the Ministry of Health, the following data is obtained: State Budget

2020: IDR 18,966.4141, WHO: 784,091,242, BUN: 350,000,000; State Budget 2021: IDR 32,694,174,000.

The Ministry of Health gives information on the OSH budgets for 2020 and 2021 as follows:

- State Budget 2020: IDR 18,966,4141, WHO: 784,091,242, BUN: 350,000,000.
- State Budget 2021: IDR 32,694,174,000.

CHAPTER V OVERVIEW OF NATIONAL OSH PROGRAM ACHIEVEMENTS

A. GENERAL DATA



Figure 23. Map of the territory of the Republic of Indonesia.

Age Group of Workforce	Working Population by Age Group and Sex					
	Male		Female		Male + Female	
	2018	2019	2018	2019	2018	2019
15 - 19	47,068	40,580	21,877	20,417	68,945	60,997
20 - 24	119,695	111,424	69,435	57,463	189,130	168,887
25 - 29	142,515	143,369	75,841	68,466	218,356	211,835
30 - 34	145,543	148,356	83,403	70,577	228,946	218,933
35 - 39	144,230	147,340	87,602	79,629	231,832	226,969
40 - 44	133,549	139,127	78,657	81,457	212,206	220,584
45 - 49	113,467	118,038	70,238	68,542	183,705	186,580
50 - 54	89,037	95,698	56,869	51,863	145,906	147,561
55 - 59	68,070	71,691	43,053	44,399	111,123	116,090
60+	85,005	92,675	46,208	40,671	131,213	133,346
Total	1,088,179	1,108,298	633,183	583,484	1,721,362	1,691,782

The Republic of Indonesia is a sovereign state in Southeast Asia. Indonesia is located between the Indian Ocean and the Pacific Ocean. It is the largest archipelagic country, with more than thirteen thousand islands. Indonesia's land area is the 14th largest and the 7th largest when combined between its sea and land. Java, the most populous island in the world, is home to more than half of Indonesia's population.

Table 10.
General Condition Information of Indonesia

Total Area	1,904,569 km ²
Position	6° North Latitude - 11° South Latitude 95° – 141° East Longitude
Number of Population :	274.74 m (Sensus penduduk 2020)
Number of Working Age Population:	208.54 m (Sakernas 2022)
Number of Workforce:	144.01 m (Sakernas 2022)
Number of Working Population	135.61 m (Sakernas 2022)
Number of Enterprises	26.7 m (SUSENAS, BPS 2016)
Gross Domestic Product (<i>GDP</i>)	\$ 1,074 triliun
Income Per Capita	\$ 4,116
Gini Coefisient	0.395
Human Development Index (<i>HDI</i>)	0.694

Table 11. Number of Working Population by Age Group and Sex
(Source: Survei Angkatan Tenaga Kerja 2020)

Currently, workers in Indonesia are experiencing a demographic bonus and the characteristics of the young workforce (generation Z). Based on population census data, the productive age population (15-64 years) in Indonesia has an increasing trend in the period 1971-2020. In 1971, the productive age population was 53.39%. This percentage will increase to 70.72% in 2020. Along with the demographic bonus, the workforce structure in 2020-2024 will also be

dominated by Generation Y/Millennials (born 1981-1996) and Generation Z (born 1997 and later). According to the 2020 population census data (BPS, 2021) from a total of 270.20 million people, around 25.87% are millennials and 27.94% are Generation Z. Thus, these two generations have a composition of 53.81% of the Indonesia's total population.

According to Bencsik et. al. (2016) this generation Z is a digital native where the use of digital technology in daily life occurs more deeply, even than generation Y (Millennials born in 1980-1995). In fact, for the millennial generation digital technology has also become part of their everyday life. Another characteristic is that Generation Z does not have a long-term commitment and only does work as long as it makes them feel good. In such conditions, the boundaries between work and entertainment become blurred. Configured with the development of digital technology, this will potentially increase labour turnover and change the pattern of employment relationships to become more flexible such as part-time, freelance, partnerships, and other patterns. These patterns of employment relationships are one of the characteristics of the "GIG Economy".

B. DATA ON LABOUR INSPECTION AND OSH SERVICES

Services for accessing information on regulations, policies, programs and services concerning OSH as well as complaints regarding employment including OSH are available through the online system at the Ministry of Manpower through the employment system website (Sisnaker) at www.kemnaker.go.id. Through the website, each company or business entity can access the Compulsory Company Employment Reporting (*Wajib Laporketentagakerjaan Perusahaan - WLKP*) system online. Employment regulations including OSH can be accessed through the portal of www.jdih.kemnaker.go.id.

Online Company Data Based on Compulsory Company Employment Reporting (WLKP) until the quarter III of 2022 reached has 1,027,941 companies.

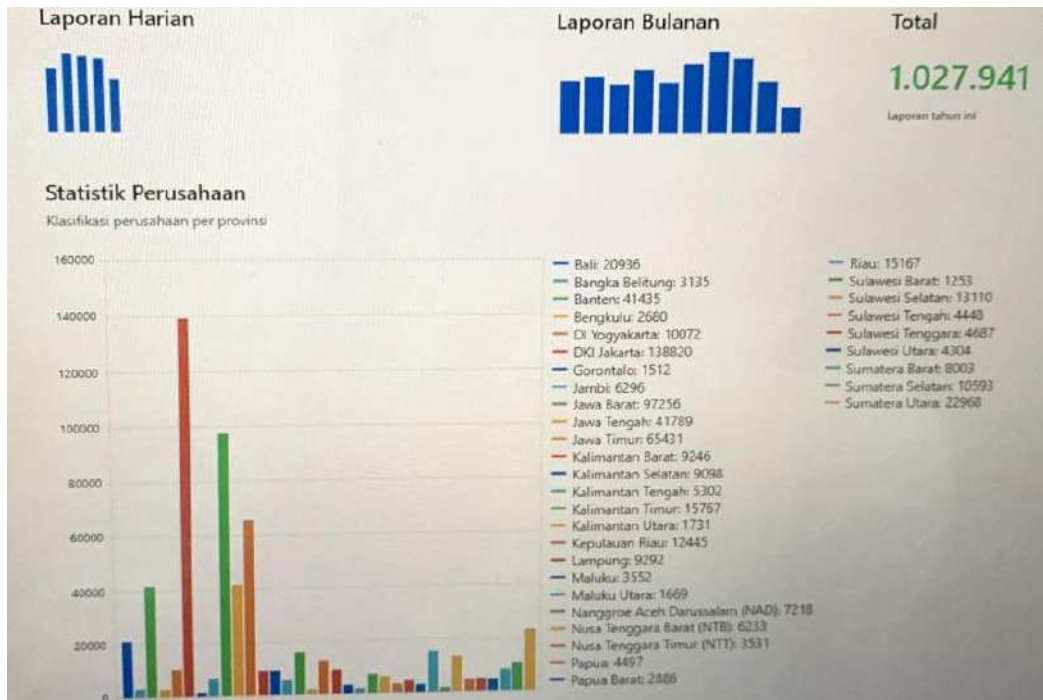


Figure 24. Chart of the Number of Companies that have registered WLKP Online until the Quarter III of 2022 (Source: Sec. Dir. Gen. of Labour Inspection and OSH of MoM, 2022)

The results of the implementation of the national OSH Program through the Ministry of Manpower, up. the Directorate General of Labour Inspection and OSH is, in general, in the form of drafting and developing regulations on labour inspection and OSH services, implementing labour advisory and inspection services and providing services on OSH. The OSH advisory and service program implemented through the MoM includes the development of OSH HRs and OSH institutional development. The technical OSH Advisory Program in the ground is implemented by the labour inspectors and OSH HRs.

C. DATA ON HUMAN RESOURCES FOR LABOUR INSPECTORS AND SUPPORTING HUMAN RESOURCES FOR OSH PROGRAM

There are currently 1,547 labour inspectors in Indonesia spread across 34 provinces in Indonesia. Some of them are labour inspectors with specialization competencies in OSH such as: OSH of boiler, mechanics, electricity, fire prevention, environment, chemicals, occupational health, and building construction. Some of these labour inspectors are also appointed as Civil Servant Investigators (PPNS) for law enforcement against employers who violate labour laws and regulations, including in the field of OSH. In addition to the Labour Inspectors, there are also OSH Examiners at the Ministry of Manpower and several other agencies whose function is to conduct technical OSH testing.

Outside government agencies, there are various personnel/HRs in the OSH consisting of several fields of expertise such as engineering, construction, electricity, fire prevention, occupational health, work environment, industrial hygiene, chemicals, and OSH management. They play a direct role in the implementation of OSH in companies/workplaces and serve as work partners for labour inspectors and OSH examiners in government agencies.

1. Data on Labour Inspectors and OSH Examiners

Table 12.
Number of Labour Inspectors in Indonesia for Semester I of 2022

Number of Labour Inspector			Level of Functional Labour Inspector			
Total	M	F	First Experts	Junior Experts	Intermediate Experts	Master Experts
1,547	990	553	293	832	414	1

(Source: Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

Table 13.
Number of Specialist Labour Inspectors and Employment PPNS in Indonesia until Semester I of 2022

Specialist Labour Inspectors									PPNS
1	2	3	4	5	6	7	8	Total	
PAA	PUBT	PTP	PKB	LE&E	KB	LK&KES	KONS		
34	30	35	4	40	5	27	20	195	418

(Source: Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

Description:

- PAA : *Pesawat Angkat dan Pesawat Angkut* (Lifting Tool and transporting Too)
- PUBT : *Pesawat Uap dan Bejana Tekanan* (Steam Tool and Pressure Vessel)
- PTPP : *Pesawat Tenaga dan Produksi* (Power and Production Tools)
- PKB : *Penanggulangan Kebakaran* (Fire Fighting)
- LE&E : *Listrik, Elevator & Eksalator* (Electricity, Elevators & Excalators)
- KB : *Konstruksi dan Bangunan* (Construction and Building)
- LK&KES : *Lingkungan Kerja & Kesehatan Kerja* (Work Environment & Occupational Health)
- KONS : *Konstruksi & Bangunan* (Construction & Building)
- PPNS : *Penyidik Pegawai Negeri Sipil* (Civil Servant Investigator)

Table 14. Jumlah Fungsional Penguji K3 di Indonesia Sd Semester I 2022

Jumlah Penguji K3			Jenjang Fungsional Penguji K3		
Total	L	P	Pertama	Muda	Madya
163	39	61	54	58	51

Data on the distribution of Labour Inspectors and OSH examiners throughout Indonesia (34 provinces) can be seen in the appendix (Appendix I).

Labour inspectors in Indonesia have established an association, namely the Association of Indonesian Labour Inspectors (*Asosiasi Pengawas Ketenagakerjaan Indonesia - APKI*) whose management consists of the national and local/provincial levels and the ministry of manpower level. At the national level, there has been established the National Management Board (DPP APKI); at the provincial level, there have been established Local Management Boards (DPD APKI) and at the ministry of manpower level there has been established the Ministry Management Board (DPK APKI). As of October 2022, there have been established the DPK APKI at the Ministry of Manpower and 20 Provincial DPD APKI as shown in the attached data (Appendix I).

2. OSH Expertise Data

Table 15.
Data on the Number of OSH Expertise, as of May 2022

No.	Expertise	Until 2020	2021	2022	Total
A	OSH Experts (AK3)	39,619	8,088	7,145	54,852
B	Specialist OSH Experts				
1	Specialist OSH Experts of Lifting Tools & Transporting Tools	535	106	93	734
2	Specialist OSH Experts of Power and Production Tools	224	50	49	323
3	Specialist OSH Experts of Steam Tools & Pressure Vessels	740	287	112	1,139
4	Specialist OSH Experts of Electricity	1,365	1,161	390	2,916
5	Specialist OSH Experts of Fire Fighting	2,088	476	72	2,636
6	Specialist OSH Experts of Escalator & Elevator	287	101	41	429
7	Specialist OSH Experts of Building Construction	464	219	58	741
8	Junior OSH Specialist Experts of Work Environment	311	550	109	970
9	Specialist OSH Experts of Chemicals	1,114	310	82	1,506
10	Workers' Health Examining Doctors	841	747	510	2,098
11	SMK3 Auditor				9,276

(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

D. OSH INSTITUTIONAL DATA

1. Data on the OSH Advisory Committee (P2K3)

Pursuant to Law No. 1 of 1970 and MoM Regulation No. 4 of 1987, every company with more than 100 workers or has a high risk is required to establish a P2K3. The number of P2K3 that has been established, according to online WLKP data, as of October 2022, is 2,777. Complete data can be seen in the appendix (Appendix VII). The data excludes the P2K3s which have not approved by the Provincial Offices in charge of Manpower or have not been reported through WLKP Online. When compared with the number of large and medium-sized companies with ≥ 100 workers, which is 11,527 companies, the coverage of companies that have established P2K3 and have been approved is 24%.

2. Data on Occupational Health and Safety Service Providers

Occupational Safety and Health Service Providers (PJK3) provides OSH services to companies in need in order to meet the OSH requirements. The types and amounts of PJK3 can be seen in the table below.

Table 16
Data on PJK3 as of May 2022

No.	Type/Field of PJK3		Number			
			2020	2021	2022	Total
1	Technical PJK3	OSH Advisory Service	269	236	116	621
		OSH Technical Inspection and Testing	338	543	242	1,123
		OSH Object Fabrication, Repair and Installation	80	111	28	219
2	Occupational Health PJK3	Workers' Health Examination	87	236	240	563
3	SMK3 Audit Agency		18	2	2	22

(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

3. Data on Occupational Health and Safety Management System Audit Agency

The Occupational Health and Safety Management System (SMK3) Audit Agency provides external SMK3 audit services (independent audit). Currently, there are 22 SMK3 Audit Agencies appointed by the Ministry of Manpower. A list of 22 SMK3 Audit Agencies that have been appointed by the Ministry of Manpower until October 2022 can be seen in the appendix (Appendix VII).

4. Data on OSH Association

a. Association of OHS Agencies

Tabel 17.
Data on the Association of OSH Agencies

No	Name of Association of OSH Agencies
1	Association of Indonesian Occupational Safety and Health Training Agencies (<i>Asosiasi Lembaga Pelatihan Keselamatan dan Kesehatan Kerja Indonesia - ALPK3I</i>);
2	Association of Indonesian Occupational Safety and Health Examination and Testing Service Providers (<i>Asosiasi Perusahaan Jasa Keselamatan dan Kesehatan Kerja Riksa Uji Indonesia - APJK3RUI</i>)
3	Association of Occupational Health and Safety Examination and/or Service Providers (<i>Asosiasi Perusahaan Jasa Pemeriksaan dan/atau Pelayanan Kesehatan dan Keselamatan Kerja - APJK2K3</i>)
4	Association of Elevator & Escalator Manufacturers and Contractors (<i>Asosiasi Produsen dan Pemborong Lift & Eskalator - APPLE</i>);
5	Association of Indonesian Technical Inspection Company (<i>Asosiasi Perusahaan Inspeksi Teknik Indonesia - APITINDO</i>)

b. OSH Professional Association

The following is a list of professional associations joining in the OSH Professionals Network or the Indonesian Network of Occupational Safety and Health Professionals (INOSHPRO) and other OSH professional organizations that are expected to also join in order to further strengthen the role and performance of each OSH professional organization through collaboration and synergy to make it more effective in contributing to the advancement of OSH in Indonesia. The list of names of OSH professional associations is as follows.

Table 18.
Data on OSH Professional Associations

A	OSH Professional Organizations that have joined INOSHPRO
1	Indonesian Ergonomics Association (<i>Perhimpunan Ergonomi Indonesia - PEI</i>)
2	Hospital OSH Expert Community (<i>Komunitas Ahli K3 Rumah Sakit - AK3RS</i>)
3	Association of Indonesian Occupational Health Experts (<i>Perhimpunan Ahli Kesehatan Kerja Indonesia - PAKKI</i>)
4	Indonesian Institute for Process and Safety (IIPS)
5	Association of Industrial Hygiene Professionals (<i>Perkumpulan Profesi Higiene Industri - PPHII</i>)
6	(Perkumpulan) Ikatan Ahli Keselamatan Kerja Indonesia (IAKKI)/ Indonesian Society of Safety Professional (ISSP)
7	Association of Indonesian Occupational Health Nurses (<i>Himpunan Perawat Kesehatan Kerja Indonesia - PERKESJA</i>)
8	imsafe.id

9	Association of Indonesian Construction Occupational Safety and Health Experts (<i>Perkumpulan Ahli Keselamatan dan Kesehatan Kerja Konstruksi Indonesia - AK4I</i>)
10	Safety Health Environment & Design (SHED) Community Indonesia
11	World Safety Organization (WSO) Indonesia.
12	Indonesia ISO Expert Association (IIEA)
13	Akses Struktur-Akses Tali-Evakuasi (ARAI INDONESIA)
14	Association of Indonesian Occupational Health Doctors (<i>Perhimpunan Dokter Kesehatan Kerja Indonesia - IDKI</i>)
15	Association of Indonesian Aviation Medicine Specialists (<i>Perhimpunan Dokter Spesialis Kedokteran Penerbangan Indonesia - PERDOSPI</i>)
16	Forum for OSH and Environment (<i>Forum K3 dan Lingkungan - FK3L</i>) Riau
17	National Association of OSH Professional Experts (<i>Perkumpulan Profesi Ahli K3 Nasional - P2K3N</i>)
18	Association of Indonesian Oil and Gas Safety and Engineering Experts (<i>Perkumpulan Ahli Keselamatan dan Keteknikan Migas Indonesia - PAKKEM</i>)
19	Association of Occupational Safety and Health Experts (<i>Asosiasi Ahli Keselamatan dan Kesehatan Kerja - A2K3</i>)
20	Association of Marine Medicine Specialists (<i>Perhimpunan Dokter Spesialis Kedokteran Kelautan - PERDOKLA</i>)
21	<i>Health, Environment, Safety & Quality institute of Indonesia (HESQINDO)</i>
22	(Association) of Indonesian Community Safety Engineering Experts (<i>(Perkumpulan) Ahli Keteknikan Keselamatan Komunitas Indonesia - AK3I</i>)
23	<i>Quality Health Safety and Environment (QHSE) INDONESIA</i>
24	Association of Indonesian Occupational Safety and Health Hygiene (<i>Asosiasi Higiene Keselamatan dan Kesehatan Kerja Indonesia - AHKKI</i>)
25	Association of Indonesian OSH Vocational Colleges (<i>Asosiasiasi Perguruan Tinggi Vokasi K3 Indonesia - APTVK3I</i>)
26	Association of Indonesian Labour Inspectors (<i>Asosiasi Pengawas Ketenagakerjaan Indonesia - APKI</i>)
27	Indonesian Fire Safety Professional Society (<i>Masyarakat Profesi Keselamatan Kebakaran Indonesia - MPK2I</i>)
28	Association of Indonesian OSH Culture Activists (<i>Perkumpulan Penggiat Budaya K3 Indonesia - P2BK3I</i>)
29	Association of Indonesian Public Health Experts (<i>Ikatan Ahli Kesehatan Masyarakat Indonesia - IAKMI</i>)
30	Association of Indonesian Occupational Safety and Health under Water (<i>Perkumpulan Keselamatan dan Kesehatan Kerja Dalam Air Indonesia - PK3DAI</i>)
31	Association of Indonesian OSH and Environmental Educators and Teachers (<i>Asosiasi Pendidik dan Guru K3 dan Lingkungan Indonesia - APGK3LI</i>)
32	Association of Indonesian Mining Safety Professionals (<i>Asosiasi Profesi Keselamatan Pertambangan Indonesia - APKPI</i>)

34	Association of Retired Labour Inspectors (<i>Perkumpulan Purnabhakti Pengawas Ketenagakerjaan - P2BPK</i>)
35	Construction SOE QHSE Forum (<i>Forum QHSE BUMN Konstruksi</i>)
36	National Standardization Society (<i>Masyarakat Standardisasi Nasional - MASTAN</i>)
37	Association of Indonesian Construction Experts and Skilled Workers (<i>Perkumpulan Tenaga Kerja Ahli Dan Terampil Konstruksi Indonesia - GATAKI</i>)
38	Indonesian HSE Association (<i>Perhimpunan HSE Indonesia</i>)
39	Association of B3/LB3 Transporters and Managers (<i>Asosiasi Pengangkut dan Pengelola B3/LB3</i>)
40	National Occupational Health and Safety Student Forum (<i>Forum Mahasiswa Keselamatan dan Kesehatan Kerja Nasional - FMK3N</i>)
B	Other Professional Organizations
1	Association of Indonesian Occupational Specialists (<i>Perhimpunan Dokter Spesialis Okupasi Indonesia - PERDOKI</i>)
2	Indonesian Industrial Hygienist Association (IIHA)
3	Association of OSH Practices in Telecommunications (<i>Asosiasi Praktik K3 di Bidang Telekomunikasi - Jaring K3 Telko</i>)

E. DATA ON EMPLOYMENT SERVICE PROGRAM IN THE FIELD OF OSH

OSH services and access to OSH programs at the Ministry of Manpower have been developed online, including through: www.kemnaker.go.id, Temank3.id; Sisnaker.go.id; Jdih.go.kemnaker; RIKSA BINA (Youtube Channel); WASNAKER APKI (Youtube Channel).

OSH services that are being developed through the online (paperless) Temank3.id portal include services for the OSH HR development process, OSH service providers and public SMK3 audit agencies can also confirm the legitimacy or validity of the existence of OSH HRs, PJK3 and SMK3 audit agencies in Indonesia. The hope is that through this temank3.id, the public, especially companies, can also see the list and profiles of PJK3 and SMK3 audit agencies so they can choose an OSH service agency that suits their needs. OSH and KK/PAK reporting systems can also be developed through this platform.

The Ministry of Manpower together with BSN prepares the Indonesian National Standard (SNI) and together with BNSP prepares the Indonesian National Work Competency Standard (SKKNI) for the OSH Sector. So far, 75 SNIs have been issued for the OSH and 13 SKKNIs for the OSH as stated in the attached data (Appendix IV).

The Ministry of Manpower in collaboration with OASE from 2015 to 2022 has made Iva Test examinations on women workers. IVA Test is a medical examination for early detection of cervical cancer. The IVA Test Program is the IVA Examination (Visual Inspection with Acetic Acid) - Improving the health of women workers in the prevention and early detection of cancer in Indonesian women. The IVA Test has been made in several companies as the attached data (Appendix IV).

F. DATA ON OSH AWARDING

For companies and parties that excel in the OSH Program, the Ministry of Manpower appreciates them in the form of OSH Awards such as: 1) SMK3 Implementation Certificate Award; 2). Zero Accident Award; 3). HIV/AIDS Prevention and Control Program in the Workplace (P2-HIV/AIDS) Award; COVID-19 Prevention and Control Program in the Workplace (P2 COVID-19) Award.

1. OSH Awarding

- a. SMK3 Implementation Certification Award

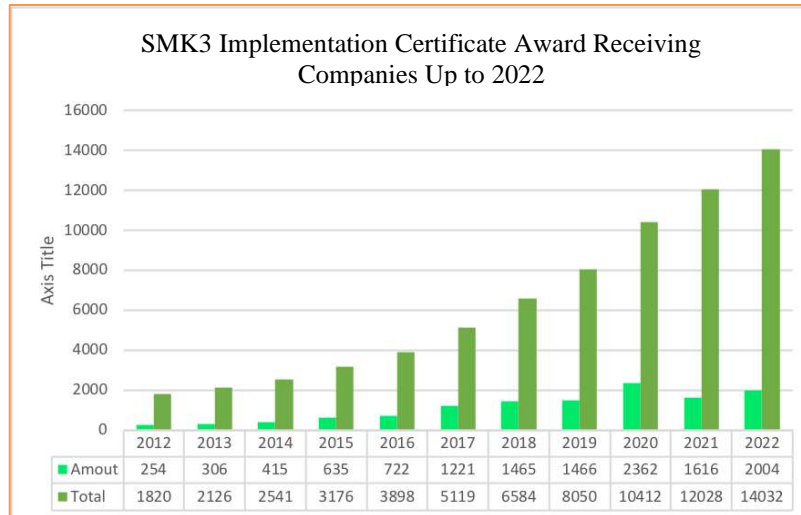


Figure 25. Chart of Companies Receiving SMK3 Implementation Certificate Award as of 2022
(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

b. Zero Accident Award

From 2000 to 2017, the number of companies receiving Zero Accident Awards increased.



Figure 26. Chart of Companies Receiving Zero Accident Program Award as of 2022
(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

c. P2-HIV/AIDS Program in the Workplace Award

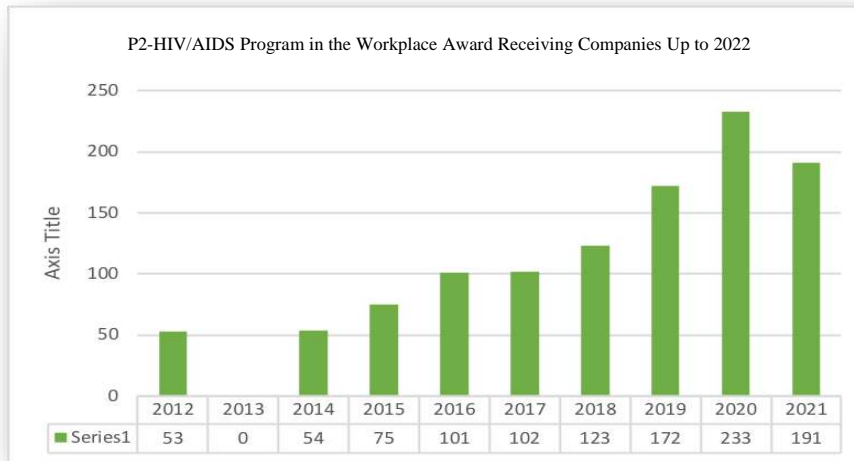


Figure 27. Chart of Companies Receiving P2-HIV/AIDS Program in the Workplace Award as of 2022
(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

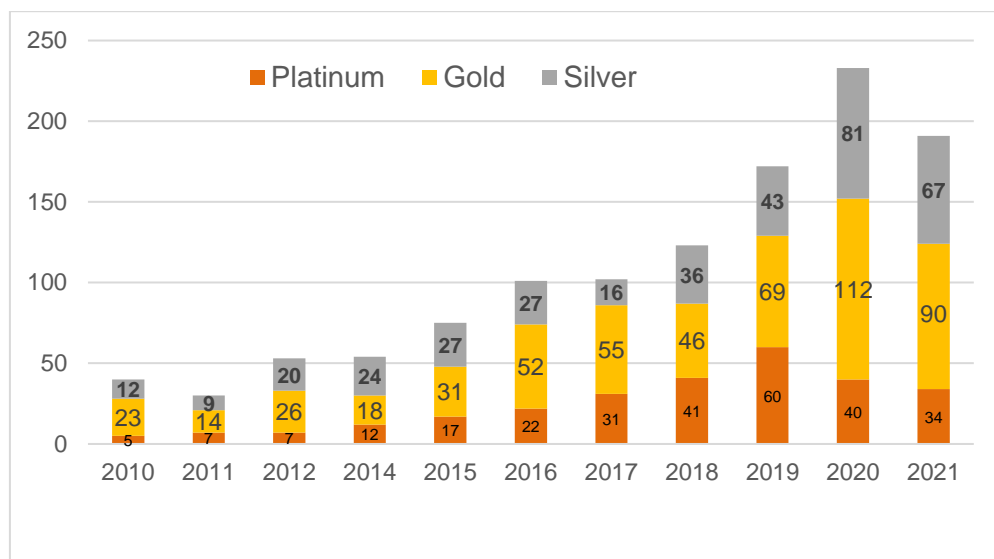


Figure 28. Chart of Companies Receiving P2-HIV/AIDS Program in the Workplace Award based on Achievement Categories as of 2022
(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

d. P2-COVID-19 Program in the Workplace Award

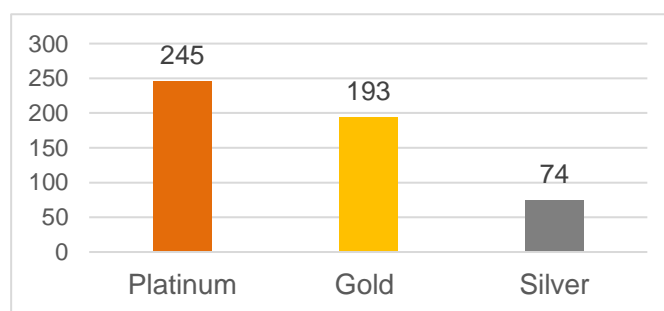


Figure 29. Data Chart of Companies Receiving P2 HIV-AIDS and P2 COVID-19 Program in the Workplace Awards in 2022

Table 19.
Data on the recipients of the P2 HIV-AIDS Program and P2 COVID-19 Program in the Workplace Awards in 2022

Category	Award of 2022	
	P2 HIV-AIDS	P2 COVID-19
Platinum	96	514
Gold	162	266
Silver	85	136
Total	343	916

(Source: Dit. Of OSH Institution of Dit. Gen. of Labour Inspection and OSH of MoM RI)

G. DATA ON LABOUR INSPECTION AND LAW ENFORCEMENT PROGRAM REGARDING OSH

1. Data from Mapping of High and Medium Potential Hazards

This data is part of the results of the inspection of OSH norms conducted by the national labour inspectors together with the local (provincial) labour inspectors. Data from the mapping of the high and medium potential hazards as attached (Appendix IV).

2. Data on the implementation of Law Enforcement

In addition to awarding (reward) for the implementation of OSH, the Ministry of Manpower also imposes sanctions (punishments) on companies that violate labour norms, including OSH norms.

Some data from the implementation of law enforcement on violations of labour norms including OSH norms and employment social security norms is as the data below.

LABOR CRIMINAL INVESTIGATION DECISION

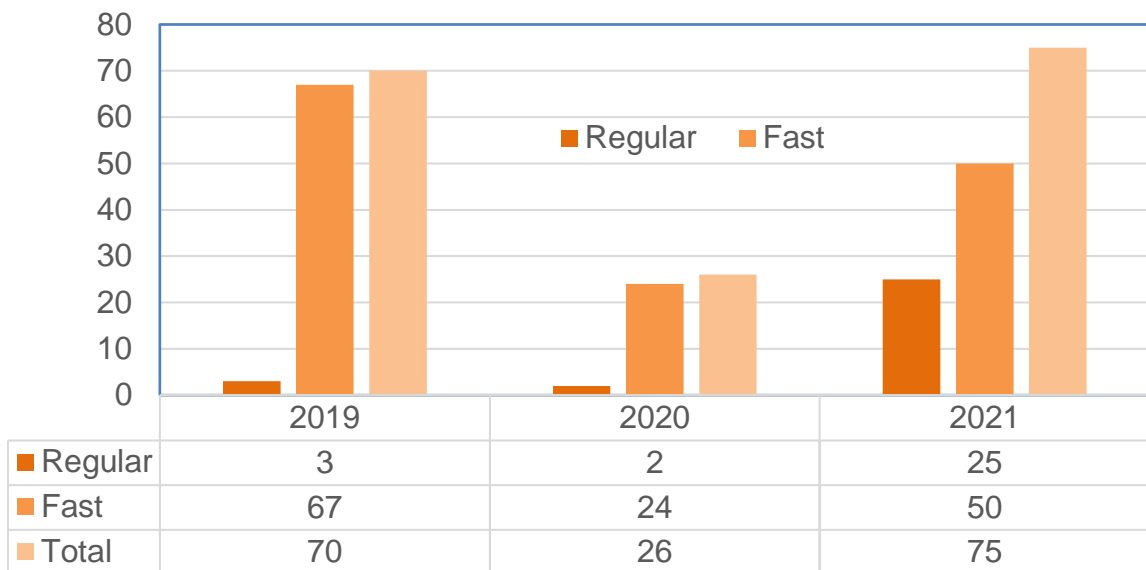


Figure 30. Data Chart of Labour Norms Law Enforcement of 2019-2021
(Source: Dit. of Labour Norm Inspection, of Dit. Gen. of Labour Inspection and OSH, of MoM, 2022)

Keterangan:

- Regular: normal investigation process
- Fast: the investigation process is fast through the process of minor crimes

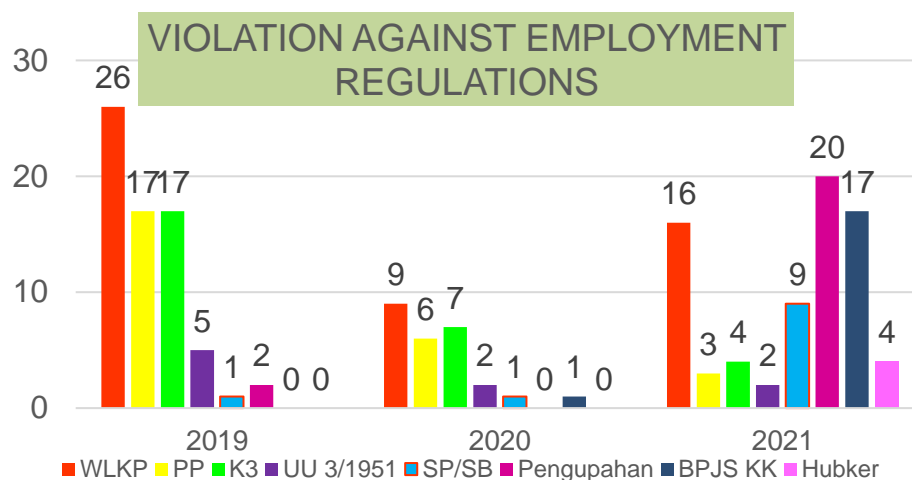


Figure 31. Data on Violations of Labour Norms against which Law Enforcement is Taken in 2019-2021
(Source: Dit. of Labour Norm Inspection, of Dit. Gen. of Labour Inspection and OSH, of MoM, 2022)

Description:

- WLKP : Violation of the Compulsory Company Employment Reporting Norms
- PP : Violation of Company Regulation Norms
- K3 : Violation of OSH Norms
- UU 3/1951 : Violation of the Labour Inspection Law
- Pengupahan : Violation of Wage Norms
- BPJS KK : Violation of Employment Social Security Norms
- Hubker : Violation of Employment Relations Norms

H. DATA ON THE RESULTS OF SECTORAL OSH PROGRAM ACTIVITIES

Several Ministries/Sectors have implemented OSH programs in accordance with the characteristics of each sector.

1. OSH Programs of Health Sector

The main activities of this sector through the Ministry of Health are mainly in the form of occupational health and OSH programs in hospitals/health facilities and offices. Several programs/activities are as stated in the appendix (Appendix V).

2. OSH Programs of Other Sectors

Some of the other sector OSH activities include:

- a. OSH programs/activities through the Ministry of Education are mainly in the form of educational OSH programs. Several universities already have OSH study programs as attached (Appendix VIII).
- b. OSH programs/activities through the Ministry of PwPH are mainly in the form of the Construction OSH programs
- c. OSH programs/activities through the Ministry of Energy and Mineral Resources are mainly in the form of mining OSH and Oil and Gas OSH programs.
- d. OSH programs/activities through the Ministry of Transportation are mainly in the form of Transportation OSH programs.
- e. OSH programs/activities through the Ministry of Agriculture are mainly in the form of Agriculture OSH and Plantation OSH programs.
- f. OSH programs/activities through the Ministry of Industry are mainly in the form of industrial OSH programs.
- g. OSH programs/activities through the Ministry of Tourism and Creative Economy are mainly in the form of OSH programs for the tourism sector.

3. OSH Programs of BPJS Employment

In accordance with the mandate of the National Social Security System (SJSN) regulation, BPJS Employment is the administering body for the employment social security programs consisting of the JKK, JKM, JHT, JP and JKP Programs. The program closely related to the OSH is the JKK, in the form of providing benefits for participants who suffer from occupational accidents or diseases. In addition to providing compensation in the form of monetary cash and health services and rehabilitation, participants who suffer from KK/PAK are also provided with a return-to-work (RTW) program.

BPJS Employment also plays a role in promotive and preventive programs for KK and PAK. The OSH program is in the form of promotive and preventive efforts based on the Minister of Manpower Regulation Number 10 of 2016 article 14, namely actively implementing

socialization, both online and offline/onsite, concerning occupational safety and health. Activities to improve the competence of OSH HRs are also conducted, among others, through seminars, workshops, and training of OSH Experts. In addition, BPJS Employment provides assistance with personal protective equipment for driving on the highway in the form of helmets, and assistance with personal protective equipment for health workers during the pandemic.

4. MSME sector and informal economy sector

The main activity of this sector is cross-sectoral collaboration, mainly in the form of the MSME sector OSH program as attached.

Table 20. OSH Programs in the MSME Sector

No	Type of Support Mechanism	Agency to Collaborate With
1	Training on WISE (<i>Working Improvement on Small Scale Enterprises</i>)	ILO
2	Training on WISCON (<i>Working Improvement on Construction Sector</i>)	ILO
3	Training on WIND (<i>Work Improvement in Domestic Environment</i>)	ILO
4	Medical Examination for Workers	Ministry of Health, and the occupational health service providers
5	Work environment testing	OSH service providers
6	Assistance with Personal Protective Equipments (PPEs)	Private Agencies and OSH providers
7	SMK3 for Apparel Industry (Better Work) https://betterwork.org/where-we-work/indonesia/	ILO

I. DATA ON RESULTS OF THE IMPLEMENTATION OF OSH PROGRAMS BY OTHER STAKEHOLDERS

The OSH program is also implemented by other parties and stakeholders, including the professional community and OSH practitioners.

1. OSH programs/activities implemented by employers' associations as attached data (Appendix VI)
2. OSH programs/activities implemented by Trade/Labour Unions as attached data (Appendix VI)
3. OSH programs/activities implemented by the OSH Professional Association as attached data (Appendix VI)
4. Implementation of the OSH Program by the Professional Community

The professional community and OSH practitioners in Indonesia together with WSO Indonesia have pioneered the publication of the book “100 Indonesian OSH Leaders” Volume I, which was published to coincide with the commemoration of the 77th Independence Day of the Republic of Indonesia in 2022. The objective of this book, in addition to appreciate OSH leaders who has dedicated their life for OSH and document the history of OSH in Indonesia, is to remind the young generation of Indonesia not to forget history and who the real heroes around them are. This book invited OSH practitioners to write down their own experiences, which will later become historical traces and role models for future younger OSH generations.

This book is an interesting reference that presents the experiences of various practitioners, academics, experts, bureaucrats and other OSH stakeholders through pictures or portraits of OSH leaders who have been for a long time engaged and have made important contributions to the progress and development of OSH in Indonesia. So that, it will be a lasting service and can be enjoyed by generations and OSH actors at all times. This book is concrete evidence of a collection of notions, ideas, innovations of OSH leaders who have made real contributions and actions on how important OSH is to be implemented by the parties in Indonesia. We can learn and emulate various experiences of the leaders summarized and presented here.

The current and future OSH challenges require innovations and ideas that are in line with the times, so that stakeholders do not see OSH only as an obligation but as a necessity. This book is a work of hard work and smart work, with the hope that it can contribute to realizing a society with OSH culture and can be used as a reference by the parties for the development of OSH in our beloved homeland, Indonesia

The book of ‘100 Indonesian OSH Leaders’ was published to satisfy the thirst for data about the world of OSH in Indonesia. Since Law No. 1 of 1970 on Occupational Safety was promulgated on 12 January 1970, morphologically the posture of OSH world in Indonesia has grown so prolific in the last few decades. Not only its number of human resources that continues to grow from time to time along with the proliferation of various universities that open OSH study programs, it also has expanded to different aspects of life. OSH has now been implemented in various industrial sectors, especially after GR No 50 of 2012 was issued by the government.

The current OSH situation in Indonesia has changed much better than in the 1970s and 1980s. That’s why this book was published. In their hands, OSH in Indonesia has made significant progress. This book is dedicated to those who have dedicated their time, energy, and thoughts for the advancement of OSH in Indonesia.

J. DATA AND STATISTICS OF OCCUPATIONAL ACCIDENTS AND DISEASES

Data on occupational accidents and diseases in Indonesia have not been fully managed comprehensively. Regular case reporting from companies and to manpower agencies in stages, from local (provincial) to national manpower agencies (Directorate General of Labour Inspection and OSH of MoM RI) has not run optimally. Reporting of KK and PAK cases are mainly in the context of claiming the JKK of BPJS Employment program, even though the BPJS Employment program participants have only reached 30.6 million out of 126.51 million workers in Indonesia.

1. Data on KK and PAK based on the Labour Inspection and OSH Reporting.

Along with the era of regional autonomy, data on KK and PAK cases reported and managed from the companies to the manpower office and then to the Ministry of Manpower up. the Secretariat General of Labour Inspection is very minimal compared to the potential cases existing, and much lower in number compared to the Data on KK and PAK cases reported and managed through the JKK Program at BPJS Employment.

The potential cases are from all of 126 million workers spread across provinces throughout Indonesia. In 2019, it was recorded that the number of cases was 15,486 (the number of victims was 13,519 people), in 2020 the number of cases was 6,037 (the number of victims was 4,287), in 2021 the number of cases was 7,298 (the number of victims was 9,224).

Table 21.
Data on KK and PAK Cases reported to the Ministry of Manpower through the Provincial Manpower Office for the Period of 2019-2021

Year	No. of KK	No. of Victims	Poisoned	PAK	TYPE OF OCCUPATIONAL ACCIDENTS									
					A	B	C	D	E	F	G	H	I	J
2019	15,486	13,519	3	48	3,670	1,362	1,648	350	393	2,507	1,059	145	72	2,866
2020	6,037	4,287	1	81	1,486	399	581	103	89	781	414	109	28	1,606
2021	7,298	9,224	33	6	2,097	485	1,116	184	162	1,387	455	101	24	1,757

(Source: Annual Report of Dit. Gen. of Labour Inspection and OSH of MoM, 2022)

Description (TYPE OF OCCUPATIONAL ACCIDENT):

- A Collision, generally indicates contact with sharp objects or hard objects which causes scratches, cuts, punctures etc.,
- B Hit (generally due to falling, sliding, drifting etc.),
- C Caught in and between objects (pinched, bitten, buried, drowned, etc.),
- D Falls due to the same height,
- E Falls due to different heights,
- F Slip,
- G Exposure (generally depends on temperature, air pressure, vibration, radiation, sound, light etc.),

- H Inhalation, absorption (showing the process of entering hazardous substances into the body either through respiratory tract or skin and which generally results in shortness of breath, poisoned, suffocation, etc.)
- I Touching electric current,
- J And others

2. Data on KK and PAK based on the BPJS Employment’s Occupational Accident Benefit Program.

The Data on KK and PAK cases reported and managed through the JKK program of BPJS Employment are quite large and tend to increase from year to year. **This data is still limited from 30.6 million workers who have been active participants of the BPJS Employment program (27.3%) of the 126.51 million workers in Indonesia.** According to BPJS Employment, **the number of workers who are eligible for BPJS Employment participants is 90 million workers, so that the coverage of membership based on this has reached 34%.**

a. KK and PAK statistics in general

Table 22
Number of Workers suffering from KK and PAK who are provided with the benefits of JKK Program of the BPJS Employment

Year	Number of Workers suffering from KK/PAK	Increase in Number		Number of Death	Cost (Trillion Rupiah)
		Number	%		
2019	210,789	37,374	22.20%	4,007	1.58 T
2020	221,740	10,951	5.1%	3,410	1.56 T
2021	234,370	12,630	5.6%	6,552	1.79 T

(Source: Annual Report of BPJS Employment, 2022)

Based on the table above, it can be seen that the **number of workers suffering from KK/PAK has increased from year to year.** Meanwhile, the **number of workers with fataal KK/PAK decreased from 4,007 people in 2019 to 3,410 in 2020 and increased back to 6,552 in 2021.** The compensation costs paid by BPJS Employment decreased in 2020 and increased back in 2021 to IDR 1.79 T. The trend of increase in KK and PAK cases through the JKK program of BPJS Employment can be seen in the Chart below.

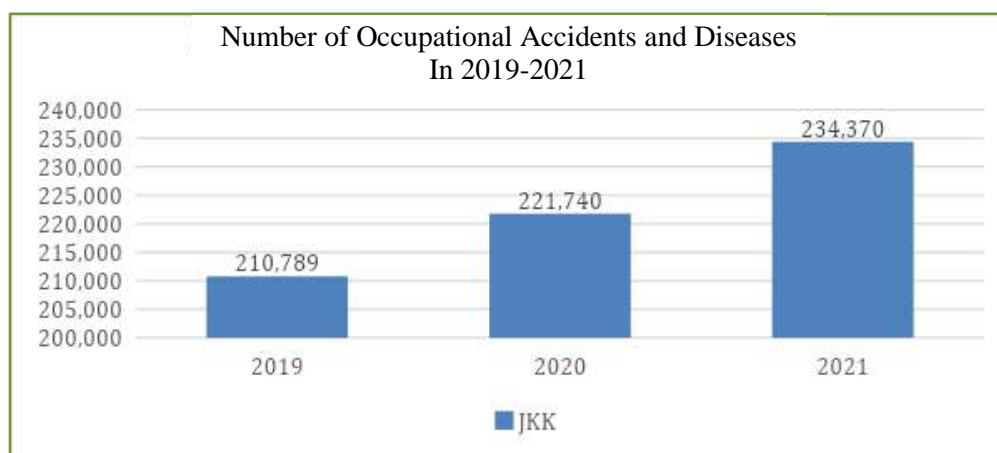


Figure 32. Chart of Trend of Increasing number of KK and PAK cases of the JKK Program of BPJS Employment, 2019-2021.

b. KK and PAK statistics by business sector

From Processing Data on KK and PAK Cases of the BPJS Employment Program for the period of 2019-2021 by business sector, it is obtained facts which can be described in the table below.

Table 23.
Data on KK and PAK Cases of the JKK Program of BPJS Employment
By Business Sector in 2019-2021

No.	Business Sector/Year	2019	2020	2021	Total	%
1	Miscellaneous Industries	49,524	50,898	48,195	148,617	22.3
2	Energy, Telecommunication, Transportation	8,917	9,163	10,214	28,294	4.2
3	Consumer Goods Industry	31,361	33,483	38,879	103,723	15.5
4	Basic and Chemical Industry	27,381	26,039	27,187	80,607	12.1
5	Finance and Investment	3,408	3,492	3,651	10,551	1.6
6	Commerce and Service	43,502	46,426	52,224	142,152	21.4
7	Mining	2,494	3,131	6,565	12,190	1.8
8	Agriculture, Fishery, Plantation, Forestry	36,301	40,947	38,476	115,724	17.3
9	Property and Real Estate	3,739	3,551	3,402	10,692	1.6

10	Others	4,162	4,610	5,577	14,349	2.2
Total		210,789	221,740	234,370	666,899	100

The table above shows that **the most frequent cases of occupational accidents occur in the Miscellaneous industry business sector at 22.3%**, followed by 4 (four) other business sectors, namely **commerce and services (21.4%), agriculture, fisheries, plantations, forestry (17.3%), consumer goods industry (15.5%) and basic and chemical industry (12.1%)**.

There is a tendency to consistent increase in the number of cases in the commerce and service business sector and the consumer goods industry, while the 3 business sectors ranked in the top 5 contributing to occupational accidents seem quite volatile. This can be an indication that the implementation of the OHS program in the workplace is still not effective in preventing and reducing the number of occupational accident cases that occur in the 5 business sectors. They should be made priority targets with a special approach, especially for 2 business sectors that have shown a trend of consistent increase over the last 3 years.

c. KK and PAK statistics by the location of the incident

Occupational accident cases in the JKK program of BPJS Employment are divided into: 1) occupational accidents and diseases in the work sites, 2) occupational accidents in traffic, and 3) occupational accidents outside the workplace. The number of KK and PAK cases in the BPJS Employment program is dominated by occupational accidents (and PAK) that occur at work sites, namely 64.4%, followed by traffic accidents 27%, and accidents outside the workplace 8.2% as shown in the table below.

Table 24.
Number of KK and PAK Cases of the JKK Program of BPJS Employment
By Location of the Incident in 2019-2021

Year	Number of Cases				
	In the Workplace	Outside the Workplace	Traffic	Others	Total
2019	139,999	16,987	53,665	138	210,789
2020	144,832	18,208	58,511	189	221,740
2021	144,929	19,753	68,217	1,471	234,370
Total	429,760	54,948	180,393	1798	666,899
(%)	64.4	8.2	27.0	0.3	100

(Source: BPJS Employment 2022, processed)

In 2020, KK cases in the workplace increased by 4,833 cases (3.4%), in 2021 they increased by 97 cases (0.06%). The number of KK cases outside the workplace in 2020 increased by 1,221 cases (7.1%), in 2021 there was an increase of 1,545 cases (8.4%). KK cases in traffic, in 2020

there was an increase of 4,846 cases (9%), in 2021 an increase of 9,706 cases (16.5%) as shown in the Chart below.

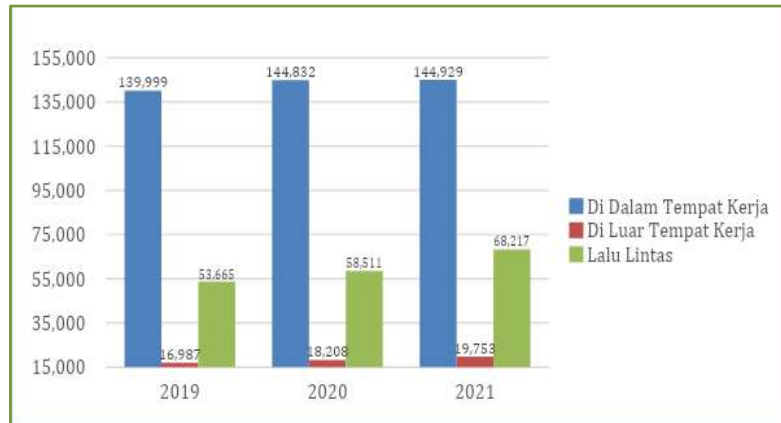


Figure 33. Chart of the Number of KK and PAK Cases of the JKK Program of BPJS Employment By location of the incidents in 2019-2021.

d. KK and PAK statistics by sex of workers

Number of KK and PAK cases among male workers is higher than that of KK and PAK among female workers and both have increased from year to year.

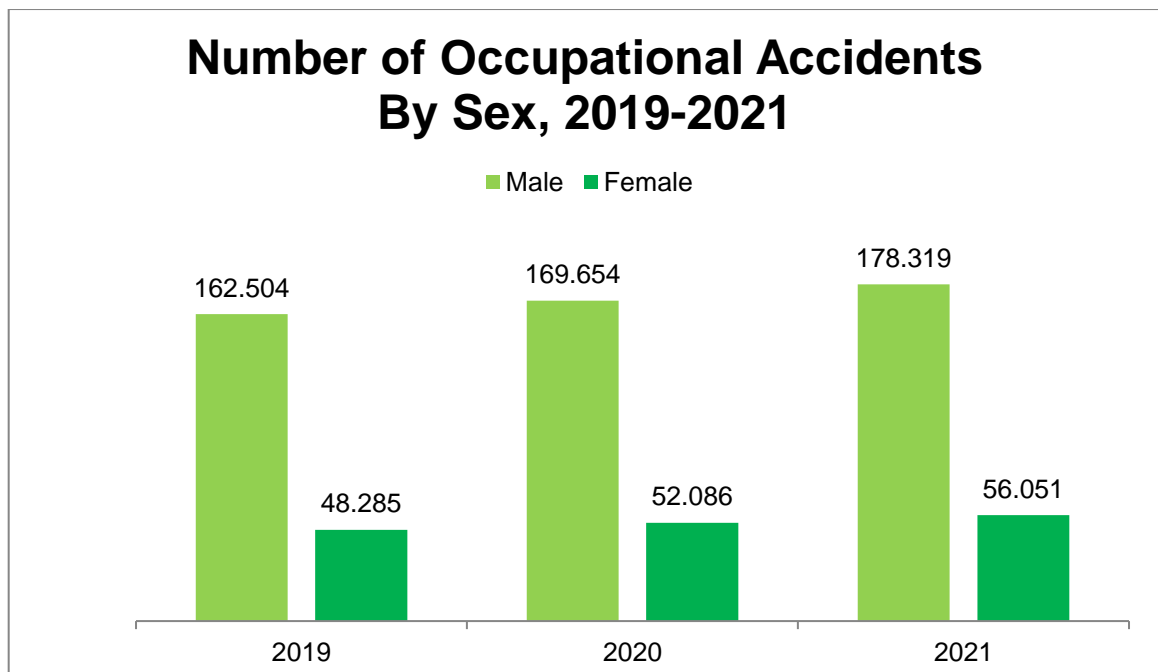


Figure 34. Chart of the Number of KK and PAK Cases of the JKK Program of BPJS Employment By sex in 2019-2021.

The Chart above shows that the number of KK and PAK cases among male workers in 2019-2021 is much higher than the number of KK and PAK cases among female workers. In 2019,

the number of KK among male workers was 236.5% higher than the number of KK among female workers. In 2020, the number of KK among male workers was 225.7% higher than the number of KK among female workers, and in 2021, the number of KK among male workers is 218.1% greater than the number of KK among female workers. In 2020 cases of KK and PAK among male workers increased by 7,150 (4.3%), while among female workers it increased by 3,801 (7.8%).

e. KK and PAK statistics by age group of workers

From 2019 to 2021, the number of occupational accidents in each age group increased. The highest number of occupational accidents occurred in the age group of 25 to 30 years old as shown in the table below.

Table 25.
Number of KK and PAK Cases of the JKK Program of BPJS Employment
By Age Group in 2019-2022

Age Group (Year)	2019	2020	2021	Total
To 20	395	1,385	5,242	7,022
20 to 25	27,308	35,650	41,862	104,820
25 to 30	40,243	41,617	43,082	124,942
30 to 35	34,378	35,069	36,617	106,064
35 to 40	32,036	33,242	33,649	98,927
40 to 45	26,984	26,791	27,064	80,839
45 to 50	21,337	21,604	22,001	64,942
50 to 56	17,268	17,438	17,357	52,063
> 56	10,840	8,944	7,496	27,280

(Source: BPJS Employment, 2022)

f. KK and PAK statistics by frequency, severity and mortality

The severity rate and fatality rate of KK and PAK cases in the JKK Program of BPJS Employment by location of the incidents of occupational accident cases in general can be seen in the Chart below.



Figure 35. Chart of Percentage of workers who died due to KK/PAK by location of the incident (Source: BPJSTK 2022).

To calculate the fatality rate based on the KK and PAK statistical formula, it is necessary to calculate the number of fatality cases based on the Chart above into the table below.

Table 26.
Number of Workers suffering from KK/PAK by location and percent of cases died

Year	In the Workplace			Traffic			Outside the Workplace		
	Number	Died		Number	Died		Number	Died	
		%	Number		%	Number		%	Number
2019	139,999	0.01	1,400	53,665	0.06	3,220	16,987	0.05	849
2020	144,832	0.01	1,448	58,511	0.07	4,096	18,208	0.05	910
2021	144,929	0.02	2,899	68,217	0.09	6,140	19,753	0.06	1,185

(Source: BPJSTK 2022, processed)

The number of cases of occupational accidents and diseases leading to death or fatal in 2020 decreased to 3,410 people from 2019 as many as 4,007 workers. In 2020 the number of deaths rose to 6,552. From 2019 to 2021, there were more fatal KK and PAK cases on male workers, namely 89.2% while female workers were 10.8%. More complete data can be seen in the table below.

Tabel 27.
Number of Fatal KK and PAK Cases of JKK Program of BPJS Employment By Sex in 2019-2022

Year	Number of Fatal Cases		Total of Fatal Cases
	M	F	
2019	3,531	476	4,007
2020	3,050	360	3,410

2021	5,873	679	6,552
Jumlah	12,454	1,515	13,969
(%)	89.2	10.8	100

(Source: BPJS Employment, 2022, processed)

g. KK and PAK statistics based on the provisions of the Minister of Manpower Regulation No. 3 of 1998 concerning Procedures for Accident Reporting and Investigation.

1) Accident Frequency Rate in 2019 – 2021.

The frequency rate (FR) is the number of accident cases that make a number of workers unable to work every one million person’s working hours. This figure is obtained by the formula:

$$FR = \frac{\text{Number of Accident} \times 1,000,000}{\text{Number of Person's Working Hours}}$$

With the formula above, for the number of KK and PAK cases in 2019 of 210,789, the frequency rate (FR) is 3.4. In 2020 with the number of cases of 221,740, the FR is 3.6. Meanwhile, in 2021 with a total of 234,370 cases, the FR is 3.8. The increase in FR from 2019 – 2021 can be seen in the figure below.

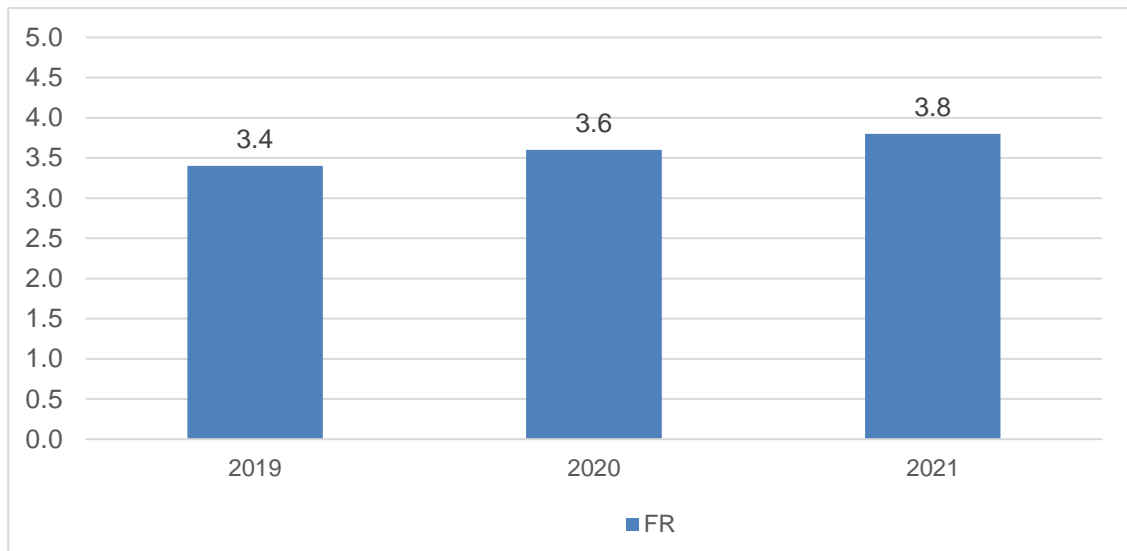


Figure 36. Chart of KK & PAK Frequency Rate in 2019-2021

(Source: BPJSTK 2022, processed).

Based on the above calculations, it can be stated that in 2019 there were 3.4 occupational accident cases per million person’s working hours, while in 2020 it increased to 3.6 occupational accident cases per million person’s working hours and in 2021 it increased again to 3,8 occupational accident cases per million person’s working hours.

2) Accident Severity Rate (SR) in 2019 - 2021

Severity Rate is the number of days lost due to occupational accidents for every one million person's working hours. This figure is obtained by the formula:

$$SR = \frac{\text{Number of Working Days Lost} \times 1,000,000}{\text{Number of Person's Working Hours}}$$

With the above formula, for the number of workers who died (fatality) due to occupational accidents **in 2019** of 4,007 people, the **severity rate was 392.8**. In **2020** with the number of fatalities of 3,410 people, the **SR was 334.3**. Meanwhile, in **2021** with 6,552 fatalities, the **SR was 642.3**. SR fluctuations from 2019 – 2021 can be seen in the figure below. This figure is obtained based on the calculation of 1 worker having fatality or permanent total disability in a worker equivalent to 6,000 lost working days.

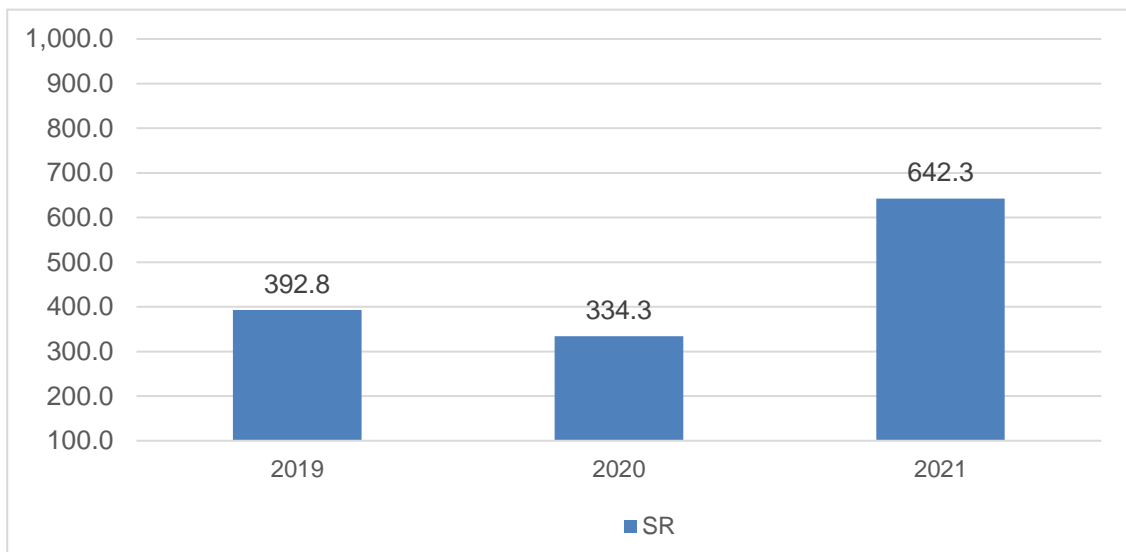


Figure 37. Chart of KK & PAK Severity Rate in 2019-2021
(Source: BPJSTK 2022 processed).

Based on the FR and SR calculations above, it can be stated that in 2019 there were occupational accidents that caused 392 days lost per million person's working hours, in 2020 caused 334 days lost per million person's working hours (decreased from 2019), and 2021 caused 642 days lost per million person's working hours (a drastic increase).

3) Calculation of the Fatal Accident Rate (TKKF) based on the formula in the Indicators/Sub-Indicators of Achievement of the Targets of the 2030 SDGs Program.

Formula

$$\text{TKKF:} \\ \frac{\text{Number of fatal KK cases} \times 100,000}{\text{Number of Workforce}}$$

Based on the calculation of the fatality rate of the entire KK and PAK cases (cases in the workplace, traffic and outside the workplace), in 2019 to 2021 using the above formula, it was found that the Fatal Occupational Accidents (and Diseases) Rate (TKKF) in 2019 was 4,007 cases (13.07/100,000 workers), in 2020 it decreased to 3,410 (11.12/100,000 workers), and in 2021 it increased to 6,552 (21.37/100,000 workers) as shown in the Table and Chart below.

Table 28.

T Fatal Occupational Accident and Disease Rate (TKKF) for All Cases in 2019-2021

Year	No. of Workers (Million People)	No. of Fatal KK (Each Year)	TKKF per 100,000 (Workers)
2019	30.66	4,007	13.07
2020	30.66	3,410	11.12
2021	30.66	6,552	21.37

(Source: BPJS Employment 2022, processed)



Figure 38. Chart of Fatal KK and PAK Rate (TKKF) for All Cases in 2019-2021

Based on calculations according to the formula above, for KK/PAK cases in the workplace it is obtained that TKKF in 2019 was **4.57 fatalities/100,000 workers**, in 2020 it increased to **4.72 fatalities/100,000 workers** and in 2021 it increased to **9.45 fatalities/100,000 worker**. More data can be seen in the Table and Chart below.

Table 29.

Fatal Occupational Accident Rates (TKKF) in Locations (Inside) the Workplace in 2019-2021

Year	Number of Workers (in million)	In the Workplace			TKKF (per 100,000 workers)
		Number of KK	Died		
			%	Number	
2019	30.66	53,665	0.01	1,400	4.57
2020	30.66	58,511	0.01	1,448	4.72
2021	30.66	68,217	0.02	2,899	9.45



Figure 39. Chart of Fatal KKF Rate (TKKF) in KK and PAK Cases occurred at the location (in) the Workplace

Based on the calculation using the formula above, the TKKF for KK cases in traffic is higher than the TKKF for KK/PAK cases in the workplace. In 2019 the **TKKF of KK cases in traffic was 10.52 fatalities/100,000 workers, in 2020 it increased to 13.39 fatalities/100,000 workers and in 2021 it increased to 20.07 fatalities/100,000 workers.** More complete data can be seen in the table below.

Table 30.

Fatal Occupational Accident Rate (TKKF) at Traffic Locations in 2019-2021

Year	Number of Workers (in million)	In the Workplace			TKKF (per 100,000 workers)
		Number of KK/PAK	Died		
			%	Number	
2019	30.66	139,999	0.06	3,220	10.52
2020	30.66	144,832	0.07	4,096	13.39
2021	30.66	144,929	0.09	6,140	20.07

h. Occupational Disease (PAK) Statistics

Data on PAK cases claiming JKK has been very limited compared to the data on claims for occupational accident cases. This is because efforts to find and report PAK cases are still very

minimal. Exceptions are for 2020 and 2021, where there was an increase in cases by 71 cases and 1,123 cases, respectively. This significant increase in PAK cases was dominated by PAK cases of COVID-19 along with the number of COVID-19 cases among workers of hospitals or health facilities.

Table 31.

Data on the Number of PAK Cases and the Cost of Health Services of JKK Program of BPJS Employment for the Period of January 2015 – 30 June 2022

NO.	PERIODE	JUMLAH KASUS (JUMLAH TK)	NOMINAL
1	1 JAN - 31 DES 2015	20	344,862,575
2	1 JAN - 31 DES 2016	11	60,920,549
3	1 JAN - 31 DES 2017	24	224,242,493
4	1 JAN - 31 DES 2018	17	276,063,787
5	1 JAN - 31 DES 2019	44	597,784,043
6	1 JAN - 31 DES 2020	71	5,809,058,925
7	1 JAN - 31 DES 2021	1,123	21,304,891,356
8	1 JAN - 30 JUNI 2022	753	10,905,288,242
TOTAL		2,063	39,523,111,971

The causes of PAK are the hazard factors of the work environment, including ergonomic, biological, physical and chemical factors. Biological factors will become the dominant causative factor in 2021 because the COVID-19 pandemic has caused a lot of PAK to occur among workers in the health sector. More complete data can be seen in the Chart below.

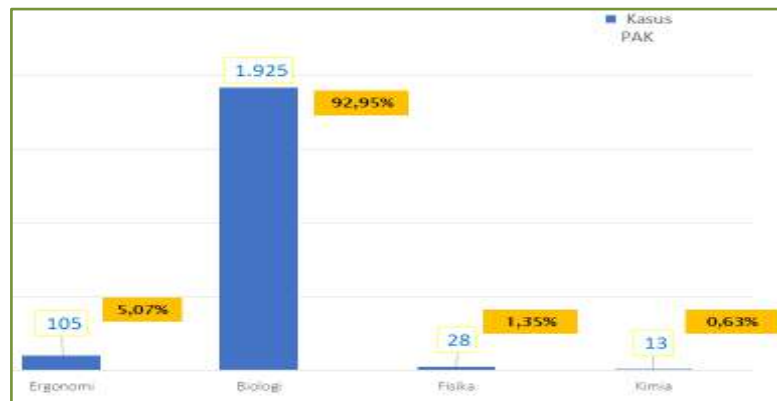


Chart of Factors Causing PAK of the JKK Program of BPJS Employment, for the period of 2015 to 2022

(Source: BPJS Employment, 2022)

1. KK and PAK data recorded through the Directorate of Labour Norms Inspection

Occupational accident data managed by Labour inspectors through the Directorate of Labour Norms Inspection is as attached (Appendix III)

2. Accident data from other sources

Accident Data compiled from Isafety Magazine is as attached (Appendix III)

CHAPTER VI REVIEW AND ANALYSIS

A. GENERAL REVIEW AND ANALYSIS

This National OSH Profile was prepared by the Ministry of Manpower team, in this case, the Directorate General of Labour Inspection and OSH together with representatives of other Ministries/Institutions, tripartite elements and various stakeholders. This document is expected to describe the implementation of OSH at the national level, starting from policy and regulatory aspects, programs, human resources and institutions, program coordination and synergy, achievements, as well as problems, challenges, obstacles and opportunities for further progress.

Indonesia has relatively adequate resources from various aspects such as regulatory instruments, systems, infrastructure, organizational resources, human resources and OSH agencies, monitoring systems etc., that have been used in implementing OSH so far. The Ministry of Manpower, as the leader of national OSH, has conducted various OSH programs in collaboration with other ministries and institutions as well as various stakeholders and general public, which are directed as an OSH culture movement by prioritizing prevention culture.

The national OSH movement, launched every January 12 by the Minister of Manpower is followed by the OSH movement in several ministries/agencies, regional/provincial governments, companies and communities/society. The national OSH movement basically is basically aimed at raising awareness and encourages the role of various parties in implementing and empowering OSH. The national OSH performance, however, has not fully met the expectations of many parties.

A number of leading indicators of the national OSH Program have been achieved among others are increased number of OSH agencies and human resources, increased number of companies that have received OSH awards, increased number of universities that provide OSH Education programs, establishment of the Indonesian National Standard (SNI) for OSH and the Indonesian National Work Competency Standards (SKKNI) for OSH HR etc. The achievement of lagging indicators for the national OSH program is, however, still poor due to increasing number of work accident and occupational disease cases annually and high fatality rate.

It is, therefore, necessary to conduct an assessment and analysis so as to find out the gap between various existing resources and efforts made and their results in achieving leading indicators and lagging indicators. Problems, obstacles, and challenges as well as opportunities need to be identified, studied and analyzed so that various alternative solutions can be formulated for continuous improvement of OSH performance in the future in achieving its expected results.

B. SUCCESS/ACHIEVEMENT OF THE NATIONAL OSH PROGRAMS

The target for successful OSH program nationally needs to be formulated so that it can be used as a reference and motivation for various stakeholders in achieving more optimal success. It is time to determine the indicators of success/achievement of the national OSH program which includes leading and lagging indicators, all of which are focused on reducing work accidents and occupational disease cases in terms of number/level of incidence, severity and mortality rate (frequency, severity and fatality rates) which are currently still high and tends to increase. In addition, it is also necessary to formulate the level of achievement of the OSH movement in terms of Maturity Rate.

1. Success/Achievement of Leading Indicators

These indicators may be apparent with the increase of:

- a. Number of companies that have:
 - 1) Established the Occupational Safety and Health Advisory Committee (P2K3)
 - 2) Had and/or provided Occupational Health Services
 - 3) Reported OSH programs
 - 4) Reported work accident and occupational disease cases
 - 5) Had major or medium potential hazard control
 - 6) Applied OSHMS
 - 1) Received OSH awards
 - 2) Become participants of the Workers' Social Security program
- b. Number of competent OSH HR
- c. Number of ministries/government agencies that have OSH policies, programs, and/or activities, depending on its own sector characteristics
- d. Number of OSH agencies established and performed programs
- e. Number of educational institutions that have OSH curriculum or study materials
- f. Number of high-learning institutions that have OSH study programs

2. Success/Achievement of Lagging Indicators

These indicators may be in the form of:

- a. In general (nationally)
 - 1) Incidence rate of work accidents and work-related diseases (FR)
 - 2) Severity of work accident and occupational disease (SR) cases
 - 3) The rate of death/fatality due to work accidents and due to work-related diseases.
- b. In particular (by business sector)
 - 1) The incidence rate of cases of work accidents and occupational diseases according to sector
 - 2) The severity of work accidents and occupational diseases according to sector
 - 3) The rate of death/fatality due to work accidents and occupational diseases according to sector.

3. Success/Achievement of Maturity Level of OSH Culture.

It is necessary to formulate the level of OSH cultural maturity and its measurement/evaluation so as to identify the extent of success of the national OSH movement that has been running so far.

C. THINGS TO ACHIEVE

In general, things to achieve in the national OSH program are increasing the quantity and quality of OSH implementation and maintaining the national OSH towards **the realization of self-reliance of the Indonesian people in OSH culture where the maturity level of OSH Culture is increasing so that it can reduce work accidents, occupational diseases and other diseases among workers to the lowest possible level.** These things can be achieved if the following conditions can be realized, they among others are:

1. General Condition:

- a. Increased understanding, awareness and commitment as well as participation of employers and employers' and workers' associations as well as trade/labour unions with all stakeholders and the community.
- b. OSH is the need of all parties to obtain important and strategic values in all aspects of human resource development, economy, social welfare, health, environment and national competitiveness at the global level.
- c. OSH regulations according to the needs and harmony between Ministries/Institutions/Sectors.
- d. Strengthening the role of Ministries/Institutions/Sectors
- e. All workers become participants in the National Social Security program thereby increasing their quality of life and well-being while working and post-employing with their families, especially if they have a KK/PAK.
- f. Increasing OSH program budget support that is adequate nationally.
- g. There is an institution that specifically deals with national OSH as in other countries with more advanced OSH.

2. Special Condition:

- a. Increasing the quality and performance of the OSH program in leading indicators and lagging indicators.
- b. Availability of an OSH reporting system, especially work accidents and occupational diseases that is easy to use and integrated nationally based on online applications.
- c. Availability of OSH achievement data along with work accidents and occupational diseases data as well as diseases in nationally representative workers.
- d. Decreased levels of work accidents and occupational diseases in terms of frequency, severity and mortality (frequency rate, severity rate and fatality rate)

- e. All workers who experience work accidents and occupational diseases receive first aid appropriately and quickly and receive health services as needed, both through the JKN/BPJS Health program and the JKK/BPJS Employment program.
- f. In each health service center, there are units and/or human resources that have competence in providing work accidents and occupational diseases case services such as related specialist doctors and occupational health doctors according to service levels and referrals for health services in general.
- g. Each case of work accidents and occupational diseases is reported and followed up by:
 - 1) Case investigation so as to find out the main causes and contributing causes as an important lesson so that similar cases can be prevented and not repeated.
 - 2) Providing the best health services to every victim of work accidents and occupational diseases in order to alleviate suffering and optimize the quality of life and the remaining work capacity.
 - 3) 3) Providing benefits of the JKK program for workers and/or families (heirs) according to regulations.

D. PROBLEMS AND IMPLICATION

1. Problems

As we have all aware of, the application of OSH provides many benefits and life values and conversely ignoring OSH risks causing of work accidents and occupational diseases with various very detrimental implications, which according to the ILO economic losses may reach 4% of the national GDP. However, the application of OSH has not fully become a necessity for businesses and society in general. OSH has also not been made a national priority program for the government so that not all ministries/institutions/sectors have made OSH one of their concerns.

Even though many programs and activities have been carried out and some successes have been made, cases of work accidents and occupational diseases, however, remain high with an increasing trend annually with a high fatality rate. The achievement of the OSH program on the leading indicators has not been accompanied by achievements on the lagging indicators i.e., reduction in both cases.

Indonesia does not yet have representative data on work accidents and occupational diseases because regulations related to reporting are scattered in several settings (fragmented) and are no longer in accordance with current conditions and have not been adapted to the development of industrial revolution 4.0/digitalization so that they are less executable. On the other hand, company leaders/management tend to be reluctant to report cases of work accidents and occupational diseases that occur for various reasons. Reporting on cases of work accidents and occupational diseases is prioritized for the process of applying for JKK program benefits rather

than fulfilling OSH norms. There is a tendency to cover up both cases when it is perceived to cause difficulties in getting OSH awards.

OSH programs also have not fully reached all companies and workplaces. Some business sectors are strategic and/or highly risky e.g., education, agriculture, plantation, fisheries, marine and tourism sectors, but have not fully contributed to OSH program intensively. The application of OSH has also not been carried out intensively in government office buildings or public facilities such as hotels, apartments, tourist destinations, airports, terminals, transportational means or many others.

The Education Sector has an important and strategic potential for improving OSH culture from an early age and on an ongoing basis through the lowest to the highest educational levels. To materialize OSH culture, it is very necessary to embed good values and other important OSH values in various aspects of life for students.

Workers in micro, small and micro scale enterprises (SMEs) and informal economy sector are vulnerable to the risks of CHD, occupational diseases and other diseases or health problems but have not received much intervention from OSH program and tend to be marginalized. On the other hand, the participation of Social Security program in this sector remains relatively low. This sector has potential and important and strategic contributions in the development, including in facing the world economic crisis. The company's Corporate Social Responsibility (CSR) program has also not been directed much at helping OSH programs in SMEs and the informal economy sector.

There are already 13 Indonesian National Work Competency Standards (SKKNI) on OSH that have been stipulated through a Minister of Manpower regulation, but the OSH HR development has not been fully implemented with the application of SKKNI or OSH training has not been fully competency-based training.

Various resources have not yet optimized their roles and functions. Poor integration between OSH program executors, both government and non-government, each executing party has not fully complemented each other that the effectiveness or success of the OSH program is relatively poor and the program has less extensive coverage. The application of OSH is still not integrated with health programs and social security programs that the contribution of strategic values of these programs to the national economy and development is not yet optimal. On the other hand, not many OSH programs implemented by various ministries and agencies and other stakeholders have been submitted to the Ministry of Manpower for compilation and analysis/evaluation nationally.

OSH problems as described above, if not anticipated, will result in a lack of obtaining various OSH benefits and added value and may cause losses for employers, workers, community and the country, both consciously and unconsciously, in the short and long term. Implications for the problems mentioned above that might occur among others are:

2. General Implication

Poor implementation of OHS shall result in various implications, which in general can be in the form of:

- a. Direct and indirect losses, short term and long term for workers, companies, communities and the country.
- b. OSH strategic values in the economy and national development have not been obtained optimally.
- c. Various losses for the government and society in the form of decreased quality of human resources, increased burden on the state budget, difficulties in achieving development goals or declining quality of development, decreased Human Development Index (HDI) and the competitiveness of nations and countries in global competition.

3. Special Implication

Poor implementation of OSH shall result in various implications in particular, including:

- a. Immediate implications are suffering, lost working days, absenteeism due to illness or accident, decreased quality of life, declining health status, decreased productivity, reduced income, loss of job and family economy.
- b. Indirect implications are high economic costs, decreased work morale and job satisfaction, decreased productivity, loss of skilled and experienced human resources, employee turnover, increased risk, and decreased competitiveness of the company, as well as lost investments.
- c. Work accidents and occupational diseases data and statistics do not provide a comprehensive picture and do not describe the actual conditions nationally.
- d. Large number of potential occupational diseases are not detected that it burdens the costs of JKN BPJS Health program which should be financed through JKK BPJS Employment program.

E. OBSTACLES

Several things or conditions that hinder the implementation of the national OSH program include:

1. Poor understanding, commitment and participation of various parties in implementing OSH.
2. Implementation of OSH is still considered a huge expense and is not considered as an investment that has many benefits and is very profitable.
3. Several OSH regulations are not in accordance with developments and needs on site.
4. Work accident and occupational disease reporting system is not easy to implement and has not been adapted to the digitalization era.
5. There is a disharmony in some OSH regulations between Ministries/Institutions/Sectors in the regulation and implementation of OSH.
6. Sectoral ego results in ineffective and inefficient program implementation resulting in a waste of costs, and limited coverage of OSH programs.
7. Most workers have a low level of education (Elementary School to Junior High-School).
8. The needs for labour inspectors, OSH examiners and other OSH human resources have not been fulfilled in terms of quantity and quality/competency as well as their distribution.

9. Poor law enforcement against violators of OSH norms.
10. The need for services and the supporting capacity of the OSH program have not been met in all business sectors throughout Indonesia.
11. OSH has not been fully addressed and included in the curriculum, especially at the primary and secondary levels of education.
12. Limited number of tertiary institutions that provide special study programs on OSH.

F. CHALLENGES AND OPPORTUNITIES

4. Global Challenges and Opportunities

a. Global Challenges

OSH is a fundamental right at work in every business activity for all people, at home, at work, as well as in society in general. Current and future OSH challenges require innovations and ideas that are in line with the times so that OSH will increasingly provide added value that stakeholders do not carry out OSH only as an obligation but as a necessity.

Industrial development and technological progress can be double-edged. On one hand, it becomes an opportunity to be a driver of OSH progress, and on the other hand, there is a potential for increased risks and/or new risks. In every line/sector, innovation, creative ideas, and experiences of various stakeholders are needed to create an OSH Culture so that it can reduce accidents and deaths due to work (zero accident and zero fatality).

The application of OSH has now become a demand for business needs in fulfilling requirements in global trade era. The influence of global trade demands business world, government and society to implement OSH in order to increase efficiency, effectiveness and quality to achieve optimal productivity. OSH has become one of the demands of the market and consumers, that products used can meet international standards, production process is carried out with due regard to workers' rights, and products used are guaranteed safety and satisfaction for consumers. Therefore, the application of OSH in a country will directly affect productivity and competitiveness of that country.

Currently, Indonesia is also flooded with imported goods, which are getting cheaper. Low-priced goods are usually produced at low costs and ignore product quality. It is feared that this condition in order to compete with the price of goods whose prices are getting cheaper, local producers continue to reduce production costs, including providing costs for OSH.

b. Global Challenges

OSH may increase the country's foreign exchange through increasing exports and imports of goods and services with international OSH standards. The application of OSH regulations and standards that are in line with international OSH standards can provide added value in increasing competitiveness and marketability of products in the global market, which in turn supports the national economy.

Competence of Indonesian human resources in OSH also increases the competitiveness of workers at the national and international levels. HR who are competent and have international qualifications have the opportunity to work in other countries. The sending of Indonesian Migrant Workers (PMI) will be more in the form of workers who have certain skills thereby increasing added value through increasing remittances and will eventually increase the country's foreign exchange.

The entry of Indonesia as a member of the G20 countries must be accompanied by improvement and development of OSH in various sectors and activities or the national and international events. The implementation of OSH that is aligned with the national and international OSH regulations and standards will increase foreign confidence in Indonesia. The implementation of OSH will also increase markets for Indonesian goods and services internationally. The application of OSH in tourism sector, which is growing rapidly in Indonesia will further increase the interest of domestic and international tourists

5. National Challenges and Opportunities

a. National Challenges

Increased investment in Indonesia is accompanied by increased employment that work risks also increase. Currently, Indonesia is the destination for people from abroad who are looking for work. The problem is that these workers do not necessarily understand OSH so they will do anything without OSH protection. If this happens, OSH violations will occur. This will increase the number of families and occupational diseases that it may worsen OSH performance in Indonesia.

Demographic bonuses provide important capital for economic progress in the digital and VUCA era. However, on the other hand, work accidents and occupational diseases are more common among young workers. This could be due to the absence of OSH material in the curriculum at every level of education in Indonesia.

According to the 2016 economic census data, there are approximately 26 million micro and small businesses that need OSH protection. Micro and small businesses in Indonesia, which have a large portion of companies and employment, contribute greatly to economic growth in Indonesia, that OSH program must also be directed at this sector. The application of OSH to micro and small businesses prioritizes a prevention and development approach. The Government of Indonesia has collaborated with the ILO to develop guidelines and application of OSH in micro and small enterprises.

b. National Opportunities

The infrastructure for implementing OSH is available in terms of regulations, policies, budgeting, human resources, institutions and labour inspection system. Some of these aspects require renewal and or additions according to the needs on site, which continue to increase.

Another supporting capacity is optimized role of Ministries/Institutions and stakeholders as well as the community in the future.

Other opportunities to support the success of OSH program include demographic advantage. Indonesia is estimated to experience a demographic advantage from 2020 to 2030. This advantage is due to potential economic growth that can arise due to a shift in age structure of the population. Especially when the share of working age population (15 to 64 years) is greater than the share of non-working age population (14 years and under, and 65 and above).

Indonesia will have enormous human resources, which will be at the top productive level. In the context of OSH, the government should also pay more attention to it. The very large number of productive age groups must be used as an opportunity to cultivate OSH from the start.

The increasing number of companies seeking to comply with regulations is also a significant opportunity for improving OSH. Many people began to refuse to buy goods that were produced unlawfully. This heightened awareness is due to increasing amount of media coverage of work accidents or food poisoning.

Advances in information technology (IT) can also be a great opportunity to increase from awareness to the implementation of OSH. IT is a source of information both through online news/information portals and social media that provide opportunities for active dissemination and absorption of OSH information. In addition, IT with its database capabilities provides significant opportunities and in particular, from the collection of information to OSH reporting.

The potential development of tourism sector and its carrying capacity such as hotels and restaurants for tourists is an opportunity for the national economy. This sector must be supported or accompanied by an increase in the application of national and international OSH standards in order to further increase the country's foreign exchange due to increasing domestic and foreign tourists.

G. REVIEW AND ANALYSIS

1. General Review and Analysis

a. Awareness and Participation Rate

A fairly basic problem in implementing OSH is poor awareness about the importance of OSH. Entrepreneurs usually consider OSH as a burden or cost. In addition, some workers ignore OSH because they do not have adequate knowledge/understanding about the importance of implementing OSH for themselves when and after working.

Many company leaders and management who still do not understand that OSH is an important part of the company's business. Socialization and education activities on the implementation

of OSH program are generally attended by company's elements who do not have major influence. If participants assigned by the company are only at the level of ordinary workers, then they are less able to convey important messages to the company leadership.

Therefore, in OSH socialization and education it is important to convince all parties that its application is an investment and is beneficial for our life now and in the future. On the other hand, community participation, collaboration and synergy between ministries/agencies and various parties as well as the community in implementing OSH must continue to be improved.

b. OSH Policy and Regulations

OSH national regulations are sufficient with Law no. 1 of 1970, although in some respects, it is necessary to revise it as many people have proposed it, including Members of the Indonesian House of Representatives.

Currently, the regulation on the implementation of OSH has been complemented by Government Regulation no. 50 of 2012 concerning the Application of OSHMS and a number of technical and mechanical OSH regulations, occupational health and work environment. Several Ministries of Sector Guidance Agencies have also included OSH aspects in sectoral regulations and have developed technical OSH regulations according to sectoral needs. In implementing OSH at inter-sectoral level, harmonization has not yet occurred due to sectoral egos.

Poor criminal sanctions in the Law related to OSH and relatively low scope of OSH supervision and overlapping application of OSH technical regulations between ministries/agencies are some of the reasons for poor implementation of OSH, which has subsequently resulted in increasing number of work accidents and occupational diseases.

Regulations related to criminal sanctions, because current fines and imprisonment do not provide a deterrent effect and is not in accordance with current development of OSH, which has become part of the protection of human rights. Criminal sanctions can at least be increased as stipulated in the criminal provisions in Article 186 of Law No. 13 of 2003 (Violation of Article 35 of Law No. 13 of 2003).

In addition to articles on sanctions, it is necessary to include articles on rewards, which are not only in the form of certificates. The implementation of OSH has a major contribution to the development of human resources, economy, environment, and social aspects so that the state should provide rewards such as tax breaks, reduced premium for JAMSOSTEK program, especially JKK program.

SJSN Law has mandated that the payment of JKK is adjusted to risk level in the Work Environment. Basically, successful implementation of OSH will reduce the risk of work environment, and will reduce the level of claims for JKK program.

Many parties have proposed a revision to Law No. 1 of 1970 concerning Occupational Safety so that it is in accordance with current conditions and needs and be more powerful in promoting progress and maintaining OSH in Indonesia. There are also many technical regulations for

OSH that should be revised and simplified urgently. Some regulations still use old terms that are no longer relevant to current developments. Some regulations govern relatively the same thing in different regulations that it is relatively difficult to implement.

If Law No. 1 of 1970 is revised, it can simultaneously adopt ILO Convention No. 155 and be simplified by Steam Law of 1930 (Stoom Ordonatie) and Steam Regulations of 1930 (Stoom Verordening) and Law Number 3 of 1969 concerning the Approval for Convention on Labour Organizations International Number 120 Concerning Hygiene in Commerce and Offices, as well as revoking and/or renewing these old regulations. The term Occupational Safety in the Occupational Safety Law needs to be replaced with Occupational Safety and Health so that it is in accordance with international nomenclature and there is harmony between title of the Law and the regulated substance. The definition of OSH and definition of work accidents and work-related diseases need to be emphasized. There needs to be an article explaining the differences in definition of work accidents as referred to in OSH Law and definition of work accidents related to JKK program claims according to the SJSN and BPJS Laws.

It is necessary to revise and adjust articles related to violations and legal sanctions in accordance with current conditions and needs. The definition of work accident must be expanded and accompanied by stronger criminal sanctions so that it can provide a more deterrent effect. If possible, employers should be obliged to allocate a minimum of 5 percent of the company's total budget in a year for OSH preventive and promotive programs.

c. HR Quantity, Quality and Competency

It is still necessary to improve the capacity and competence of OSH resources, especially human resources, including labour inspectors and OSH examiners, to support the achievement of national OSH objectives effectively. On the other hand, the national distribution has not been evenly performed. Many regions still have no sufficient number and specialization of OSH for labour inspectors and experts, so they often find difficulties in performing OSH according to regulations. If you use the services of a third party through PJK3 outside the area, it will require a higher fee.

The existing capacity and competence of OSH HR have not fulfilled the need to support OSH performance at the national level. Therefore, OSH HR coaching/training and certification programs must be further developed and improved on a competency-basis. It is necessary to revise and simplify regulations related to OSH HR coaching/training and certification, develop competency-based OSH HR training and certification schemes (according to existing OSH HR SKKNI), and encourage the role of various OSH professional associations to develop OSH professional SKKNI.

Inadequate number of labour inspectors compared to companies being supervised (CBS, Economic Census- 2016) The number of Micro, Small and Medium Enterprises is 26,422,256, of which 343 thousand companies are recorded. Meanwhile, the number of labour inspectors is 1,547 people. Regulation of the Minister of Manpower Number 1 of 2020 concerning Amendments to Regulation of the Minister of Manpower Number 33 of 2016 concerning

Procedures for Labour Supervision states that a supervisor is required to inspect at least five companies every month or 60 companies a year. If we look at the data of 343 thousand companies that must be supervised by labour inspectors, then one supervisor must supervise 221 companies, and it will only be completed in 3.5 years.

d. Program Quality and Benefits

Health, Occupational Health and Social Security programs for workers are parts or aspects that cannot be separated from the implementation of OSH program. It is because workers' health condition greatly affects their safety. Workers who suffer from diseases or poor health conditions that they are not fit, will be at high risk of work accidents and work-related diseases. Meanwhile, social security programs, both health insurance and work accident insurance, play a very important role in providing health services due to illness or due to work accidents and occupational diseases.

To improve the quality of the program, the application of OSH must be accompanied or in line with workers' health programs and social protection. With this comprehensive protection, the implementation of OSH program will be more effective and provide more benefits. On the other hand, the success of OSH program will also contribute to two important things i.e., 1) contribution to the success of national health development, and 2) contribution to reducing work accidents, occupational diseases and other health problems/disorders in terms of frequency/incidence level, severity level, and mortality rate (frequency, severity and fatality rates). In the long run, this condition will further reduce the number social security claims to both BPJS Health and BPJS Employment.

OSH program is closely related and complementary to the health program and social security program. Therefore, OSH must be carried out in totality and comprehensively which includes:

- 1) Workers' protection from workplace risks (work accidents and occupational diseases);
- 2) Workers' protection from risks outside workplace (other accidents, common diseases, unhealthy life style);
- 3) Social Protection; and

These three aspects must become an integrated part of HR management so as to protect human capital assets optimally and enable workers to be safe, healthy, secure, comfortable and productive to achieve welfare during and after working.

e. Role and Coordination Among Ministries/Agencies/Sectors

At the national level, OSH has not fully become a collective awareness of all ministries/agencies or sectors. Ministries and government agencies that play an active role in implementing OSH are still limited to certain sectors. The application of OSH is very important and needed by various sectors so as to improve quality and productivity in each of these sectors. OSH programs that have been carried out by ministries/agencies/sectors have not been coordinated and synergized that its results are not complementary and mutually improving.

Poor inter-sectoral coordination also has an impact on disharmony and even overlapping of OSH regulations which results in confusion among stakeholders and general public and it will may hamper the performance of national OSH program. Sectoral ego, which often occurs on site, results in ineffective and inefficient program implementation resulting in wasted costs, less extensive program coverage and poor National OSH performance.

Data and/or information related to OSH programs from Ministries/Institutions/Sectors is still relatively small. Several sectors that are relatively prominent in OSH program include health, energy and mineral resources, public works and public housing, transportation and agriculture sectors. OSH data obtained in the preparation of National OSH Profile is also still very limited. Therefore, coordination forum between ministries/agencies/sectors needs to be improved. Through this forum, it is expected that the role of ministries/agencies/sectors can be improved, and the coordination and synergy of programs and reporting as well as harmonization of regulations will be improved

Several strategic and potential sectors to improve OSH programs include health, education, energy and mineral resources, public works and public housing, transportation, marine and fisheries, tourism and creative economy sector, industry, trade, and MSMEs. OSH improvement through strategic sectors has a major potential to improve workers' protection, progress and business competitiveness as well as contribute value added to significant sectoral and national economic growth and development.

OSH awards are granted not only to companies and regional heads as coaches, but also to ministries/agencies that make significant contributions to OSH in order to further encourage the role of ministries/agencies in improving OSH.

The education sector, whose main function is to develop Indonesian human resources, has not developed many OSH programs according to the needs of this sector and to contribute to OSH nationally. Education sector has a very important role in instilling values. OSH has noble values and benefits for human life, so OSH culture must be supported by inculcating these values from an early age and in stages at all levels of education so that at a later stage, graduates become agents of change and agents of OSH culture in business world in particular and in society at large in general.

In education sector, both formal and informal, it is necessary to have policies and regulations that encourage and strengthen the application of OSH in educational institutions. In addition, through regulatory support in this sector, OSH aspects are expected to be included in the education curriculum from basic, secondary, to higher education levels.

f. Labour Inpection System and OSH

Based on Law no. 23 of 2014 concerning Regional Governments, there is a delegation of authority between the central and regional (provincial) governments. The central authority includes the establishment of a labour inspection system and the management of labour inspectors at the national level.

In its operation, labour inspection is carried out by regional/provincial labour inspectors (decentralization of labour inspectors). OSH supervision carried out by the central labour inspector is limited to examining certain or special cases.

It is difficult for the central government/the Ministry of Manpower to control labour inspectors' performance in regions. Therefore, the central government's authority to manage national labour inspectors has not yet been fully implemented due to following obstacles:

- 1) Manpower Supervisory Personnel in Provinces are local government employees, so that the guidance, regulation, arrangement etc. of the labour inspectorate civil servants are fully carried out based on the local government policy, and the Ministry of Manpower has no control in this matter.
- 2) Transfer of inspectors from labour inspection work unit and vice versa is often carried out by local governments without any consultation with the central government, therefore, it is a problem when improving the performance of labour inspection and OSH at the regional and national levels.
- 3) Labour inspectors have no independence because their decisions must be firstly approved by the head of the work unit who does not necessarily fully understand the nature and basic principles of labour inspection.

It is necessary to reformulate regulations related to the management of labour inspectors so as to further strengthen their role in improving OSH performance at the national level.

2. Special Review and Analysis

a. Reporting System and Management of OSH Data

Fundamental and crucial problems in OSH program being faced today include: 1) ineffective OSH reporting and data management system; 2) Data on work accidents and occupational diseases does not represent national data; 3) Based on data from Employment BPJS, the number of work accidents and occupational diseases remains high and tends to increase every year.

Due to the absence of nationally representative data, it is difficult to measure success rates, or evaluate, plan or develop programs and policies, which are more targeted.

b. OSH and Work Accidents and Occupational Diseases Reporting System

The system for reporting and collecting and managing OSH data as well as data on work accidents and occupational diseases is still poor in terms of regulation, participation and

priority attention from both the government and corporate elements and other OSH program actors. Reporting and collection and management of data on work accidents and occupational diseases are still inadequate both at the regional and national levels. Not all companies have reported work accidents, let alone occupational diseases to the government. In general, awareness of the importance of this data is still lacking at the company level, as well as the manpower office, that data submitted to the Ministry of Manpower is still minimum (not nationally representative).

Some companies are still resistant to reporting work accidents, let alone occupational diseases. Many of them think that both cases affect its reputation/become a bad image. Efforts to detect occupational diseases have also not been carried out much. There is a possible perception that every work accident and occupational disease is an obstacle to getting an award (zero accident). There is concern that the company will deal with government officials if they report these cases.

Work accident reporting has not been as effective as the one stipulated in Regulation of the Minister of Manpower No. 3 of 1998 concerning Procedures for Inspecting and Reporting Accidents and other regulations. Many companies still consider work accident or occupational disease as something that might disgrace them. Therefore, it is still difficult to report work accidents and occupational diseases according to existing regulations.

Reporting of work accidents and occupational diseases is being regulated in several technical regulations, and most of which has been issued for a long time that they should also be revised and simplified as well. Until now, regulations related to reporting of work accidents and occupational diseases and other reports attached to it are relatively not implemented and therefore, reported cases of work accidents and occupational diseases have been very minimum.

It is necessary to immediately revise work accident reporting arrangement, especially by setting a target for reducing work accidents nationally in terms of Frequency and Severity Rates as well as in developing online and integrated work accident reporting with other agencies such as BPJS Ketenagakerjaan and by optimizing Temank3 web as an online form for reporting accidents.

Most data on work accidents and occupational diseases are reported in the context of claiming JKK or Jamsostek program by referring to technical regulations of the JKK program i.e., Regulation of the Minister of Manpower No. 5 of 2021 concerning Procedures for the Implementation of JKK, JKM and JHT Programs, whose report forms are issued by BPJS Ketenagakerjaan.

In the future, there is a need for simplification and integration of regulations related to reporting along with work accidents and occupational diseases case reporting forms, including work accidents and occupational diseases reporting in the BPJS Employment JKK program claiming process. This simplification should be made easier and made in an online format or application so that in the future, national data on work accidents and occupational diseases will be easier to obtain, manage and use, and valid.

Representative data must be sought by reviewing existing regulations on reporting system. There needs to be a simplification and adjustment so that reporting on work accidents and occupational diseases is easier, faster and cheaper for stakeholders/community who wish to submit the ir reports.

OSH reporting and data management system has not been effectively managed by, among others,: developing an IT/online system based OSH reporting and management system (on work accidents and occupational diseases), which is integrated with other online employment systems, revising and simplifying regulations related to work accidents and occupational diseases reporting system so that it is more effective (easier, faster, and cheaper).

To overcome this problem, an integrated digital OSH reporting system can be developed, for example by adding it to <https://temank3.kemnaker.go.id> application.

To improve reporting system for work accidents and occupational diseases, following things are needed:

- 1) Structured and validated digitization and integration of work accident reporting systems, including on work-related diseases;
- 2) Collaboration with educational institutions, for example with universities for developing a structured and validated digitization and integration of work accident reporting systems;
- 3) OSH reward system that encourages reporting of work accidents and work-related diseases.

c. Data on Work Accidents and Occupational Diseases

Increasing number of work accidents and occupational diseases with a high death or fatality rate is a fundamental and critical OSH problem at this time in Indonesia. Until now, data on work accidents and occupational diseases mainly came from JKK BPJS Employment program, which did not fully describe as a national data, because this data only came from a total of 30.66 million participants of JKK BPJS Ketenagakerjaan program.

Based on BPJS Employment data for 2019 – 2021, the number of work accidents and occupational diseases tends to increase i.e., in 2019 there were 210,789 cases, but in 2020 the cases increased to 221,740 (or an increase of 5.1%), in 2021, 234,370 cases were reported (or an increase of 5.7%). While the number of fatalities due to work accidents and occupational diseases remains high i.e., 4,007 workers in 2019, 3,410 in 2020 and 6,552 workers in 2021.

Other sources of data include, the Ministry of Manpower i.e., reports on the implementation of labour inspection (based on Regulation of the Minister of Manpower 09 of 2005) and data on mandatory online labour reports (WLKP). Compensation paid by Employment BPJS is quite huge and it tends to increase.

d. Data and Special Report on Occupational Diseases

In general, discussions about OSH are more focused on occupational safety and occupational accidents/injury, while discussions about occupational health or occupational diseases receive

very little attention from OSH program actors/activities. Various efforts are needed so as to encourage various parties to implement OSH in a more comprehensive manner. OSH protection for workers will provide more optimal benefits when these aspects and their interrelationships are given attention.

Data on occupational disease cases in Indonesia is still very small. In recent years, the number of occupational disease cases claimed by BPJS Ketenagakerjaan was less than 50 cases annually. However, in 2021, there was a drastic increase to 1,310 cases out of a total of 234,370 cases of work accidents and occupational diseases in line with the COVID-19 pandemic which was accompanied by an increase in occupational disease cases due to COVID-19. The proportion of occupational diseases data in Indonesia, which is less than 1% is very lame with data released by the ILO, which records that cases of work accidents (occupational accident/injury) in the world reach 270 million (62.8%) while that of occupational diseases is 160 million (37.2 %) of the total cases of work accidents and occupational diseases of 430 cases.

Some obstacles to poor JKK claims for occupational disease cases are because among others, some companies do not report work accidents that occur in their companies, especially those that are difficult to reach by Labour Inspectors. Company doctors and OSH experts in companies often face difficulties in reporting because they are worried that their working relationship will not continue. In the future, there must be legal protection for company doctors and OSH experts when they report violations that occur in their companies. Potential number of cases of OSH is increasing considering the risk of cases of OSH is increasing but most cases have not been detected (silent epidemic).

Special implications due to occupational disease cases that are not detected (loss of cases) or not diagnosed as occupational diseases but diagnosed as a common disease (miss diagnosis), or diagnosed as occupational diseases but not reported (miss reporting). The implications for workers (and their families), the company where they work, and for the government, include:

- 1) Workers do not receive medical treatment that their diseases are difficult to cure, more severe, disabled or fatal.
- 2) Without proper detection and handling of occupational disease cases, other workers tend to become the next victims.
- 3) Health services for occupational disease cases tend to use BPJS Health funds, even though they should use JKK BPJS Employment funds, which have greater benefits.
- 4) Workers do not receive JKK compensation that they are entitled to according to regulations, while the risk of exposure to occupational diseases is increasing.
- 5) Decreased work productivity can even lose a job as a result of suffering from severe occupational diseases so that it has an impact on the economic and social life of families and reduces company productivity and can even lose workers needed or increase worker turnover (turn over).

e. OSH in Hospitals and other Health Facilities.

OSH programs in health facilities such as hospitals and clinical laboratories received relatively little attention even though there have been several regulations from the ministry/health sector regarding OSH in health facilities. Medical workers such as doctors, nurses, health analysts, radiologists and others who are human resources who have a central role in achieving the success of the national health program, but they have a high risk of work accidents and occupational diseases. Ironically, their understanding and commitment to implementing OSH is still lacking even though it is a fundamental need to protect them from risks in their workplaces, including protecting patient safety from the risk of disease transmission in their workplaces (patient safety).

Basically, workplaces in health facilities have a high risk of OSH due to infection through germs that cause nosocomial diseases. Infectious diseases caused by germs (biological factors) such as TB, hepatitis, and HIV in Indonesia are quite high and tend to increase, so the risk of occupational disease due to these germs to workers'/staff's health is also high, although most cases are still not well identified and not reported and no JKK claim filed.

In the pandemic era, the number of occupational disease cases due to COVID-19 at workplaces among medical workers/staff, and many of them who died, can be assumed that there is still a lack of readiness for OSH program at workplaces. Many occupational disease cases were due to COVID-19 which resulted in a significant increase in the number of cases that were provided with the benefits of JKK program by BPJS Employment. Occupational disease cases claimed until 2020 are on average only 47 cases per year, but in 2021 this figure increase to 1,123 cases or an increase of 1,515%. This increase is mostly due to occupational cases due to COVID-19 in workers in the health sector (medical workers). What happened during the COVID-19 pandemic for workers in health sector should be a valuable lesson, including in improving OSH at workplaces in hospitals and other health facilities.

f. OSH Research and its Utilization

OSH studies and researches are very important in improving the national OSH progress. So far, many OSH researches and studies have been carried out but the results have not been used optimally. The results of OSH studies and researches that have been carried out in various universities and other institutions should be widely published and discussed and their practical aspects should be used.

So far, the results of OSH researches are still focused on OSH aspects such as morbidity, accidents, mortality rates and others, but not many have touched on aspects of economic benefits, human resource management, and others. OSH research also needs to be developed by collaborating with international institutions such as ASEAN OSHNET, ILO, WHO, JICA, and KOSHA. OSH studies and research are very much needed in the development of OSH regulations, policies and programs as well as to anticipate new issues related to OSH.

g. Abuses and harassment at workplace

There is no adequate technical regulation, which governs violence and harassment at work, and therefore, this problem is very minimum. Violence and harassment cases are generally hidden because in general, victims are reluctant to report or know the problem. The Ministry of Women's Empowerment and Child Protection in 2021 recorded 179 cases of gender-based violence and harassment committed by employers/employees, 11 cases by co-workers where the acts occurred at workplace/work environment.

In Indonesian garment industry, which mostly employs female workers of under 30 years old, 84.3% of them are concerned about sexual harassment in factories (Better work, 2019). The Federation of Cross-Factory Workers noted that sexual harassment often occurs in garment factories, where 99% of workers in garment factories are women (Pratiwi, 2020).

National and international regulations and standards that deal with these cases include:

- a) Convention on the Elimination of All Forms of Discrimination Against Women (Law No. 7 of 1984);
- b) Circular of the Minister of Manpower and Transmigration No. SE.03/MEN/IV/2011 concerning Guidelines for the Prevention of Sexual Harassment in the Workplace;
- c) Regulation of the Minister of Women's Empowerment and Child Protection No. 1 of 2020 concerning the Provision of Safe Houses for Women Workers (RP3) in the Workplace.

- KILO 190 is based on a comprehensive concept about the business world.
- It covers violence and sexual harassment occurring during, related to, or arising from a work.
- Workplace in KILO190 covers:
 - a) Workplace, in a public or private space;
 - b) Where workers are paid, rest or eat, sanitation facility, washing and changing clothes;
 - c) During a business trip, related to work, training, event or social activities;
 - d) Where we communicate about works, including by using information technology and communication;
 - e) Accommodation provided by employers; and
 - f) When traveling back and forth workplace.

See Article 3 of KILO 190

Box 26. ILO Convention on Violence and Harassment
(Source: Violence and Harassment Convention, 2019. C190)

h. Other OSH Issues

OSH issues related to ergonomics, psychology and work biological factors (infection) have not been widely regulated in technical legislation, although it has been mandated in the Occupational Safety Act, Manpower Act and Health Law, that health protection includes medical checkups and insurance compensation. Social welfare also includes physical and mental health (psychological) as well as work ergonomics and infection. OSH protection from

ergonomic hazards, work psychology and biological factors (infection) at workplaces is still minimum. Basically, ergonomic factors, work psychology and biological factors (infections) in the workplace also have major potential to cause occupational disease.

The COVID-19 pandemic provides many lessons regarding the implementation of OSH. Companies that implement OSH well are relatively more successful in implementing COVID-19 prevention and control programs in their workplaces. This means that the implementation of OSH must be carried out comprehensively, including in dealing with various possible threats to workers and business continuity now and in the future.

F. TARGET ACHIEVED AND NEXT STEPS TO TAKE

In order to improve the performance of OSH program and increase the contribution of OSH optimally in terms of quality and sustainable development, we should focus on efforts of **reducing the Fatal Work Accident Rate (TKKF) or the fatality rate for work accidents and occupational disease cases nationally in 2023 by 50 percent i.e., to 10.65 of fatality rate in 2021 of 21.37**. This reduction in fatality rate will automatically reduce the frequency and severity rates of work accidents and occupational disease cases as a whole.

To achieve this target, it is necessary to work hard and smart collectively at the national level, including by:

1. Establishing a National OSH Coordination Forum that represents all elements of government, employers, workers, experts, professionals, academics, practitioners and other OSH communities.
2. Encouraging stronger political and budgetary support for the implementation of OSH in various Ministries/Institutions and stakeholders.
3. Increasing the number of government Ministries/Institutions that have OSH policies and programs according to sector needs
4. Conducting studies and evaluations for the reformulation of OSH regulations
5. Increasing the collaboration and synergy of the OSH program with other national programs, especially the health and social security programs to increase effectiveness and added value for the protection of workers and the progress of the business world.
6. Encouraging an increase in the contribution of OSH by various parties in national development including in achieving the 2030 SDGs targets, especially Targets 1, 3, 8 and 17. (eradicating poverty, health for all, inclusive economic growth and decent work, collaboration and synergy) .
7. Making efforts to establish a National Institution that specifically deals with OSH.
8. Developing a system for reporting and managing KK and PAK data as well as other OSH data on an integrated basis based on technology/online nationally.
9. Developing an award program for OSH performance based on the achievement of leading indicators and lagging indicators, to complement the existing forms of OSH awards.
10. Granting OSH awards other than certificates.

11. The awarding of OSH is extended by giving awards to Ministries/Institutions that have a role and OSH activists such as OSH experts, labour inspectors, OSH examiners, media crews and others
12. Holding OSH innovation competitions such as writing OSH scientific papers, making OSH educational media, OSH short films, OSH program applications and reporting, P2K3 program innovations and other OSH program innovations.
13. Making efforts to integrate OSH into the national curriculum in educational institutions from elementary, secondary, to tertiary education levels.
14. Encouraging an increase in the number of OSH study programs and enthusiasts, especially at tertiary institutions.
15. Increasing the capacity and quality of labour inspection in the OSH sector and strengthening law enforcement.

CHAPTER VII CLOSING

A. CONCLUSION

OSH has an important and strategic role in that development that this program should become a national and sectoral priority to be implemented and improved in a sustainable manner. OSH program protects and prevents the loss of human resources as important and strategic assets (human capita assets) to achieve performance and competitive advantage of an organization or company and the country. OSH is an important element of development as it creates an advanced and competitive Indonesia through quality and sustainable development.

In general, the implementation of OSH in Indonesia so far has made a lot of progress, both by the government, the business world, the world of education, professional associations and others. There are more and more OSH actors and observers and their participation is increasing in promoting OSH and creating OSH culture in Indonesia.

OSH problems and challenges are also increasing and complex along with industrial progress and developments in information technology. Therefore, the Directorate General of Labour Inspection and OSH as a work unit in the Ministry of Manpower and as a leading sector for the National OSH, it must improve its best performance in carrying out its duties and functions. Existing limitations must be anticipated with innovation and the right strategy through fact-based strategic planning so as to solve problems by empowering all resources and mobilizing all existing stakeholders.

B. SUGGESTIONS/RECOMMENDATIONS

Based on various conditions, problems and obstacles, existing potentials and challenges as well as studies based on existing data, there are various inputs and suggestions from various parties as alternative solutions to be used as recommendations for improving the National OSH, they are:

1. Genereal Recommendation

- a. Increase the understanding, commitment and participation of OSH to all stakeholders, both the government, the business world, workers/labourers and the community so that in the application of OSH and OSH Culture.
- b. Improve the quality and review policies and regulations so that they are adapted to current needs and are easy to implement to support the performance of the OSH program.
- c. Increase the commitment and capacity of ministries/agencies in implemening OSH according to sector they belong to, including SME business sector.

- d. Allocation of OSH program budget through important and strategic ministries/agencies/sectors including SME sector.
- e. Improve the quality of labour inspection and enforcement of labour law in terms of OSH.
- f. Establish an OSH Forum as a forum for communication, coordination and synergy of OSH programs by involving various ministries/agencies, Tripartite elements, OSH Professional Associations, OSH Institutional Associations, Universities, and other OSH actors/activators.
 - 1) at the national level partnering with DK3N, and
 - 2) at the provincial level partner with DK3P

2. Special Recommendation

- a. Preparation of the National OSH Strategic Plan by the Ministry of Manpower together with Ministries/Agencies and other stakeholders.
- b. To set national targets for **reducing the severity and mortality** of work accidents including occupational diseases by 2023:
 - 1) **Severity rate (SR) decreased by 50%** from 642.3 in 2021 to 321.15.
 - 2) **Fatal Work Accident Rate (TKKF) or fatality rate decreased by 50%** from 21.37 in 2021 to 10.65.
- c. Develop socialization and educational media related to OSH, JKK and occupational disease protection (integrated) on an online basis that can be easily disseminated via social media and other ways so as to raise public awareness easily, quickly and inexpensively.
- d. Develop an online system-based OSH data management and reporting system.
- e. Improve the quality of OSH human resources through competency-based coaching with reference to the Indonesian Work Competency Standards (SKKNI) in the OSH field.
- f. Make studies for the development of national institutions that specifically deal with OSH.
- g. The awarding of OSH was expanded by giving awards to Ministries/Institutions that play a role, and OSH activists such as OSH experts, labour inspectors, OSH examiners, media crews and others.
- h. Organize OSH innovation competitions such as OSH educational media, OSH short films, OSH program applications and reporting as well as other OSH program innovations.
- i. Increase the role of the education sector in a more massive and widespread OSH culture in Indonesia with the following steps:
 - 1) encourage the Ministry of Education to include OSH material in the curriculum from the first stage of education;
 - 2) encourage tertiary institutions to have specializations or OSH education programs;
 - 3) increase the role of the world of education in the development and implementation of the SKKNI in OSH;
 - 4) encourage the role of OSH practitioners to be involved from teaching to the preparation of OSH curricula in educational institutions from elementary, secondary, to tertiary education levels;
 - 5) increase the role of universities in building a national OSH data management and reporting system;
 - 6) Utilize the results of OSH research to improve national OSH policies and programs.

- j. Develop integrated programs through cross-program collaboration, especially between OSH programs, occupational disease protection, social security (JKN and JKK) to be more effective and efficient in achieving the performance of several interrelated programs.
- k. Optimize the Occupational Health Service Unit in the company/workplace to obtain optimal benefits through the following steps:
 - 1) carry out occupational health and OSH as well as play a role in health programs (according to company characteristics and national health priorities/issues) such as tuberculosis/TB, HIV, COVID-19, heart and blood vessels, cancer, diabetes mellitus/DM and others;
 - 2) partnering with BPJS Health to become health facilities implementing the JKN program (as PPK 1) and/or partnering with BPJS Employment as a Work Accident Service Center and PAK (PLKK).
 - 3) the financing of the occupational health service program can be supported by the cooperation partners as referred to in point 2) so that the services provided are more optimal, effective, and efficient because workers can access services more easily and get better services, and the company gets greater benefits.
 - 4) contribute to implementing the OSH culture program to reduce KK and PAK and reduce the risk of non-work accident/occupational disease occurrences along with the level of morbidity and mortality (morbidity & mortality) in workers.
 - 5) Reduce the level of claims to BPJS Employment and BPJS Health on an ongoing basis.

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ATTACHMENT I :

Data on OSH Inspectors and Examiners in Indonesia

1. Number and Distribution of Labour Inspectors in Indonesia until First Semester, 2022

No	Region/Province	Total Labour Inspectors			Functional Levels			
		Total	M	F	First Member	Junior Member	Associate Member	Principle Member
	NATIONAL TOTAL	1.547	990	553	293	832	414	1
1	Aceh	26	22	4	6	19	1	
2	North Sumatra	51	32	19	2	31	18	
3	West Sumatra	30	20	10	2	16	12	
4	South Sumatra	45	8	37	12	24	9	
5	Bengkulu	21	15	6	1	12	8	
6	Jambi	37	32	5	5	25	9	
7	Riau	35	24	11	2	24	8	1
8	Riau Islands	37	21	16	4	30	3	
9	Bangka Belitung Islands	27	20	7	2	22	3	
10	Lampung	36	28	8	12	16	8	
11	Banten	70	51	19	16	32	22	
12	Capital District of Jakarta	55	15	40	6	32	17	
13	West Java	171	122	49	38	77	56	
14	Central Java	161	104	57	33	71	57	
15	Special District of Jogjakarta	22	12	10	3	8	11	
16	East Java	170	112	58	25	97	48	
17	Bali	24	19	5	1	13	10	
18	West Nusa Tenggara	10	6	4	1	7	2	
19	East Nusa Tenggara	18	13	5	10	7	1	
20	West Kalimantan	30	20	10	13	13	4	
21	South Kalimantan	41	28	13	16	20	5	
22	Central Kalimantan	27	22	5	7	15	5	
23	East Kalimantan	53	36	17	9	35	9	
24	North Kalimantan	8	5	3		1	1	
25	West Sulawesi	7	3	4	2	5		
26	South Sulawesi	56	41	15	1	27	28	
27	Central Sulawesi	24	15	9	7	12	5	
28	Southeast Sulawesi	18	12	6	3	13	2	
29	North Sulawesi	29	18	11		17	12	
30	Gorontalo	14	12	2	4	6	4	

31	Maluku	13	8	5	9	4		
32	North Maluku	8	8			6	2	
33	Papua	24	12	12	10	13	1	
34	West Papua	14	10	4	1	10	3	
	The Directorate General of Manpower Training and Inspection and OSH (Ministry of Manpower/Head Office)	135	64	67	30	72	30	

2. Number of Labour Inspection Specialists and Civilian Labour Inspectors in Indonesia until First Semester 2022

No	Region/Province	Specialization									PPNS (Civilian Labour Inspectors)
		1 PAA Technicians	2 PUBT Technicians	3 PTP Technicians	4 PKB Technicians	5 LE&E Technicians	6 KB Technicians	7 LK Technicians	8 KESJA Technicians	Total	
	NATIONAL TOTAL	34	30	35	4	40	5	27	20	195	185
1	Aceh	2								2	5
2	North Sumatra	2	4	3		1		1	2	13	15
3	West Sumatra	1	1			5	1		8	16	
4	South Sumatra		4	1						5	5
5	Bengkulu									-	4
6	Jambi	3		1		1				5	7
7	Riau	2	2	1		1		1		7	8
8	Riau Islands	2	1	2				1		6	4
9	Bangka Belitung Islands		1	2		1				4	5
10	Lampung			1			1			2	5
11	Banten	1	5	4	2	8	1	6	2	29	17
12	Capital District of Jakarta	8	1	2				2		13	16
13	West Java	3	4	9	1	13		4	3	37	38
14	Central Java		1		1			1	1	4	9
15	Special District of Jogjakarta	1	1	1		1		3	2	9	6
16	East Java									-	
17	Bali	1		1					2	4	5
18	West Nusa Tenggara									-	
19	East Nusa Tenggara									-	

20	West Kalimantan					1				1	7
21	South Kalimantan	3	2	2		1	1	1		10	6
22	Central Kalimantan	1	1	2				1		5	1
23	East Kalimantan									-	
24	North Kalimantan									-	
25	West Sulawesi									-	
26	South Sulawesi	1		2		6	1	3		13	11
27	Central Sulawesi	1	1	1		1				4	2
28	Southeast Sulawesi		1							1	7
29	North Sulawesi									-	
30	Gorontalo									-	
31	Maluku									-	
32	North Maluku									-	
33	Papua	1						3		4	2
34	West Papua	1								1	
	The Directorate General of Manpower Training and Inspection and OSH (Ministry of Manpower/Head Office)									-	

Note:

- 1) PAA : Lifting and Transportation Units
- 2) PUBT : Pressurized Steam Vessels
- 3) PTPP : Energy and Production Units
- 4) PKB : Fire Extinguishers
- 5) LE&E : Electricity, Elevators & Exalators
- 6) KB : Construction and Buildings
- 7) LK : Work Environment
- 8) KESJA : Occupational Health
- 9) PPNS : Civilian Labour Inspectors.

3. Management of the Indonesian Association for Labour Inspectors (APKI) established and inaugurated by the Central Board (DPP) for 2020-2023 (Source: Secretariat of DPP APKI 2022)

1. DPD APKI (The Central Board of the Indonesian Association for Labour Inspectors) of Jakarta Province	12. DPD APKI of South Sumatra Province
2. DPD APKI of East Java Province	13. DPD APKI of Lampung Province
3. DPD APKI of Central Java Province	14. DPD APKI of Bengkulu Province
4. DPD APKI of East Java Province	15. DPD APKI of Jambi Province
5. DPD APKI of Riau Province	16. DPD APKI of Aceh Province
6. DPD APKI of Riau Islands Province	17. DPD APKI of Gorontalo Province
7. DPD APKI of East Kalimantan Province	18. DPD APKI of South Sulawesi Province
8. DPD APKI of Central Kalimantan Province	19. DPD APKI of Central Sulawesi Province
9. DPD APKI of South Kalimantan Province	20. DPD APKI of West Nusa Tenggara Province
10. DPD APKI of West Kalimantan Province	21. DPD APKI of the Indonesian Ministry of Manpower
11. DPD APKI of West Sumatra Province	

4. Number of OSH Examiners in Indonesia until First Semester 2022

NO	Region/Province/UPT (Technical Units)	Total OSH Examiners			Functional Levels		
		Total	M	F	First	Junior	Associate
	NATIONAL TOTAL	163	39	61	54	58	51
1	OSH Development Center of Makassar	23			8	10	5
2	OSH Center of Bandung	21	7	14	11	6	4
3	OSH Center of Jakarta	11	4	7	6	2	3
4	OSH Center of Medan	6				5	1
5	OSH Center of Samarinda	10	5	5	5	3	2
6	OSH Center of Surabaya (Technical Unit for Occupational Safety of East Java Province)	20	8	12	12	3	5
7	Aviation Health Center of the Ministry of Transportation	1		1	1		
8	Labour and OSH Inspection Center of Lombok island, West Nusa Tenggara	2				1	1
9	The Directorate of Labour Inspectors and OSH Examiners	5				4	1
10	The Directorate of OSH Examiners	20	6	14	6	9	5
11	Secretariat of Labour Inspection and OSH Training	2				1	1
12	UPTD (technical unit) of the Industrial Hygiene and Occupational Health of South Sumatra Province	2				-	2
13	UPTD of OSH Center of the Special District of Jogjakarta	7	4	3	1	4	2
14	UPTD of the Occupational Safety of Central Java Province	16			3	3	10
15	UPTD of Labour Inspection Center at the Local Manpower and Transmigration Office in North Sulawesi Province	1		1		1	
16	UPTD of Occupational Safety and Health of West Sumatra Province	4				2	2

17	UPTD of Occupational Health Laboratory at teh local Manpower and Transmigration Office of West Kalimantan Province	4	1	3	1	2	1
18	UPTD of the Industrial Hygiene and Occupational Health at the Local Manpower and Mineral Resources and Energy Office of Bali Province	2	2				2
19	UPTD of OSH Center of Lampung Province	3	2	1			3
20	The Local Manpower and Transmigration Office of Bangka Belitung Province	2				2	-
21	The Ministry of Research and Technology	1					1

ATTACHMENT II

Technical Regulations concerning Occupational Safety and Health (OSH)

A. OSH Regulations at Ministerial Level

No	Regulaton No.	Concerning
I	Ministerial Regulations	
1	Regulation of the Minister of Manpower, Transmigration, and Cooperatives No. 1 of 1976	Compulsory participation of company doctors in the industrial hygiene and occupational health training
2	Regulation of the Minister of Manpower, Transmigration, and Cooperatives No. 1 of 1978	Occupational safety and health in forestry: tree logging, transportation of timber, equipment, first aids, and lighting for night works
3	Regulation of the Minister of Manpower, Transmigration, and Cooperatives No. 1 of 1979	Obligations participation of company paramedics in hygiene practices and OHS training
4	Regulation of the Minister of Manpower, Transmigration, and Cooperatives No. 1 of 1980	Occupational Safety and Health in building construction
5	Regulation of the Minister of Manpower and Transmigration, No. 2 of 1980	Medical checkup for workers in managing occupational safety
6	Regulation of the Minister of Manpower and Transmigration, No. 4 of 1980	Installation and maintenance of fire extinguishers
7	Regulation of the Minister of Manpower and Transmigration, No. 1 of 1981	Compulsory report on occupational diseases. List of diseases that must be reported is available in the appendix to this regulation..
8	Regulation of the Minister of Manpower and Transmigration, No. 2 of 1982	Welding requirements at workplaces, including welder qualifications
9	Regulation of the Minister of Manpower and Transmigration, No. 3 of 1982	Requirements in providing health services, medical checkups, accident and disease prevention, treatment and rehabilitation for workers Every worker is entitled for health services, functions are also regulated in a later part in this Regulation.
10	Regulation of the Minister of Manpower, No. 2 of 1983	Automatic fire protection systems – installation of fire alarms and detectors at workplaces

No	Regulaton No.	Concerning
		Sistem perlindungan kebakaran otomatis – instalasi alarm dan deteksi kebakaran di tempat kerja
11	Regulation of the Minister of Manpower, No. 13 of 1984	Instructions on how to promote OSH for one full month from 12 January to 12 February every year. This one-month period is known as the National OHS Month
12	Regulation of the Minister of Manpower and Transmigration, No. 3 of 1985	The use of asbestos for occupational safety and health
13	Regulation of the Minister of Manpower and Transmigration, No. 5 of 1985	Technical classification, supervision, and procedures for the use of Forklifts, Cranes and Rigs and the transportation of tools and equipment.
14	Regulation of the Minister of Manpower, No. 3 of 1986	Safety and health requirements at workplaces in controlling the use of pesticides
15	Regulation of the Minister of Manpower, No. 4 of 1987	OSH Advisory Committee and procedures for appointing work safety experts. Every workplace with more than 100 workers or less than 100 workers but has a high potential hazards must employ an OSH committee; Top management is the chairperson of this OSH committee and the secretary shall be an OSH expert. This OSH expert shall develop cooperation, understanding, and active participation in OSH between employers and workers/labourers.
16	Regulation of the Minister of Manpower of 1988	Qualifications and requirements for steam operators
17	Regulation of the Minister of Manpower, No. 1 of 1992	Safety and health requirements for carbide units
18	Regulation of the Minister of Manpower No. 2 of 1992	Procedures for the appointment, obligations, and authorities of occupational safety and health experts
19	Regulation of the Minister of Manpower, No. 4 of 1995	Companies Providing Occupational Safety and Health Services
20	Regulation of the Minister of Manpower, No. 3 of 1998	Accidence reporting procedure and investigation
21	Regulation of the Minister of Trade, No. 8 of 2006	Hazardous material distribution and control
22	Regulation of the Minister of Manpower and Transmigration, No. 1 of 2007	Occupational Safety and Health Rewarding Procedure

No	Regulation No.	Concerning
23	Regulation of the Minister of Manpower and Transmigration, No. 25 of 2008	Guidelines for Diagnosis and Assessment of Disabilities due to Accidents and Occupational Diseases.
24	Regulation of the Minister of Manpower and Transmigration, No. 18 of 2008	Occupational Health and Safety Management System Auditors.
25	Regulation of the Minister of Health, No. 269 of 2008	Medical Records
26	Regulation of the Minister of Trade, No. 39 of 2009	Imports of Non-Hazardous and Toxic Wastes
27	Regulation of the Minister of Industry, No. 23/M-IND/Per/4/2013 concerning Amendment to Regulation of the Minister of Industry No. 87/M-IND/PER/9/2009	Globally Harmonized System of Classification and Labeling of Chemicals
28	Regulation of the Minister of Health of the Republic of Indonesia, No. 317/Menkes/Per/III/2010	Empowerment of Foreign Medical Workers in Indonesia
29	Regulation of the Minister of Manpower and Transmigration, No. 8 of 2010	Personal Protective Equipment (PPEs). Employers are responsible to provide Personal Protective Equipment (PPEs) for everyone at workplaces and PPEs should comply with the Indonesian National Standard (SNI) or other country standards.
30	Regulation of the Minister of Manpower and Transmigration, No. 9 of 2010	Qualifications and requirements of operators and personnel of lifting and transportation units (Forklift, Crane and Rig)
31	Regulation of the Minister of Health No. 492 Tahun 2010	Required Drinking Water Quality
32	Regulation of the Minister of Trade No. 23/M-DAG/PER/2/2011 (Amendment to Regulation of the Minister of Trade No. 44 of 2009)	Procurement, Distribution and Control of Hazardous Materials
33	Regulation of the Minister of Health No.1096 of 2011	Catering Sanitation/Hygiene
34	Regulation of the Minister of Health of the Republic of Indonesia No. 028/Menkes/Per/I/2011	Clinics
35	Regulation of the Minister of Trade No. 39 of 2012	Work safety guidelines for the use of compressed natural gas (CNG) in motor vehicles

No	Regulation No.	Concerning
36	Regulation of the Minister of Manpower No. 26 of 2014	Assessment on the Application of Occupational Safety and Health Management System
37	Regulation of the Minister of Manpower No. 26 of 2014	Assessment Procedure on the Application of the Occupational Safety and Health Management System
38	Regulation of the Minister of Manpower No. 28 of 2015	Procedure for Appointment and Dismissal of Advisory Doctors
39	Regulation of the Minister of Manpower No. 31 of 2015 (Amendment to Regulation of the Minister of Manpower No. 2 of 1989)	Lightning Transmission Installation Control
40	Regulation of the Minister of Manpower No. 33 of 2015 (Amendment to Regulation of the Minister of Manpower No. 12 of 2015)	Electrical Occupational Safety and Health at Workplaces
41	Regulation of the Minister of Health No. 100 of 2015	Integrated Occupational Health Control Centers
42	Regulation of the Minister of Health of the Republic of Indonesia No. 66 of 2016	Occupational Safety and Health Hospitals
43	Regulation of the Minister of Manpower No. 9 of 2016	Occupational Safety and Health when Working at Height
44	Regulation of the Minister of Manpower No. 18 of 2016	The National Occupational Safety and Health Council
45	Regulation of the Minister of Manpower No. 37 of 2016	Procedures for manufacturing, inspecting and testing of pressurized vessels and storage tanks
46	Regulation of the Minister of Manpower No. 38 of 2016	General technical provisions, inspection and installation procedures for work safety on power and production units.
47	Regulation of the Minister of Health No. 48 of 2016	Office Occupational Safety and Health Standards
48	Regulation of the Minister of Health No. 56 of 2016	Occupational Disease Services
49	Regulation of the Minister of Health No. 66 of 2016	Occupational Health and Safety in Hospitals
50	Regulation of the Minister of Health No. 70 of 2016	Industrial Standards and Requirements for Healthy Workplaces

No	Regulation No.	Concerning
51	Regulation of the Minister of Manpower No. 6 of 2017	OSH requirements on elevators and escalators
52	Regulation of the Minister of Manpower No. 5 of 2018	OSH at Workplaces
53	Regulation of the Minister of Transportation No. 85 of 2018	Safety Management System in Public Transport Companies
54	Regulation of the Minister of Energy and Mineral Resources No. 26 of 2018	Application of Good Mining Rules and Supervision of Mineral and Coal Mining
55	Regulation of the Minister of Transportation No. 68 of 2018.	Railway Safety Management System
56	Regulation of the Minister of Energy and Mineral Resources of the Republic of Indonesia No. 18 of 2018	Installation and Equipment Safety Control in Oil and Gas Businesses
57	Regulation of the Minister of Transportation No. 85 of 2018	Safety Management System in Public Transportation Companies
58	Regulation of the Minister of Maritime Affairs and Fishery No. 6 Tahun 2018	OSH in the Ministry of Marine Affairs and Fisheries
59	Regulation of Minister of Tourism and Creative Economy No. 4 of 2021	Business License for Standard Business Activities and Risk-Based Businesses in Tourism Sector
60	Regulation of the Minister of Manpower No. 5 of 2021	Procedures for Providing Insurances for Work Accident, Death Benefit, and Old Age Security Programs.
61	Regulation of the Minister of Manpower No. 6 of 2021	Standards for Business Activities and/or Products in Providing Licenses for Risk-Based Businesses in Labor Sector.
62	Regulation of the Minister of Public Works and Spatial Planning No. 10 of 2021	Guideline for Construction Safety Management System.
II.	Ministerial Decision	
1	Joint Decision by the Minister of Manpower and the Minister of Public Works No. 174 of 1986 and No. 104/1986	Occupational Health and Safety at Construction Sites
2	Decision of the Minister of Manpower No. 1135 of 1987	Occupational Safety and Health Flag
3	Decision of the Minister of Manpower No. 245 of 1990	The National Occupational Health and Safety Day

No	Regulation No.	Concerning
4	Decision of the Minister of Manpower No. 463 of 1993	The National Movement for Maintaining Occupational Safety and Health
5	Decision of the Minister of Trade and Energy No. 1344.K/20/M.PE/1995	Use of Liquid Petroleum Gas (LPG) for Motor Vehicles
6	Decision of the Minister of Health No.138 of 1996	Medical checkups for Indonesian workers who will work abroad and for expatriates working in Indonesia
7	Instruction of the Minister of Manpower No. 11 of 1997	Special control of occupational safety and health for fire prevention
8	Decision of the Minister of Manpower No. 186 of 1999	Fire fighting unit at workplaces
9	Decision of the Minister of Manpower No. 187 of 1999	Management of hazardous chemicals at workplaces so as to protect workers from chemical hazards. Such Decision provides the requirements for labeling chemical containers, provisions for material safety data sheets, and the number of chemical safety officers in companies..
10	Decision of the Minister of Health No. 1075/Menkes/SK/VII/2003.	Guidelines for Occupational Health Management System
11	Decision of the Minister of Health No.1087/Menkes/SK/VII/2003.	Occupational Safety and Health Standards in Hospitals
12	Decision of the Minister of Energy and Mineral Resources No. 4162/K/74/MEM/2015	Providing Rewards for Mining Safety Management and Environmental Management of Mineral and Coal Mining
13	Decision of the Minister of Public Works and Public Housings No. 66/KPTS/M/2018	Construction Safety Committee
14	Decision of the Minister of Health No. 574 of 2000	Health development policy towards Healthy Indonesia 2010
15	Joint Decision of the Minister of Health and the Head of the National Nuclear Energy Agency No. 1193 of 2000	Improving safety and control over the use of nuclear energy in health sector
16	Decision of the Minister of Health of the Republic of Indonesia No. 1439/Menkes/SK/XI/2002	Use of Medical Gases in Health Facilities
17	Decision of the Minister of Manpower No. 68 of 2004	HIV/AIDS prevention and reduction at workplaces

No	Regulaton No.	Concerning
18	Decision of Minister of Health of the Republic of Indonesia No. 432/Menkes/SK/IV/2007	Guidelines for Occupational Safety and Health (OSH) Management in Hospitals
19	Decision of the Minister of Manpower No. 347 of 2008	Technical Guidelines for the National Occupational Health and Safety Month 2018
20	Decision of Minister of Health No. 006/Menkes/SK/I/2008	Review and Adjustment of the National Health System
21	Decision of the Minister of Manpower No. 386 of 2014	Guidelines for the Implementation of National Occupational Safety and Health 2015 – 2019
22	Decision of the Minister of Public Works and Public Housings No. 02/Prt/M/2018 concerning Amendment to Decision of the Minister of Public Works and Public Housings No. 05/Prt/M/2014	Guidelines for the Occupational Health and Safety Management System (OSHMS) in Construction Sector in Public Works
23	Decision of the Minister of Energy and Mineral Resources No. 1827 K/30/MEM/2018	Guidelines for the Implementation of Good Mining Engineering Rules.
24	Decision of Minister of Energy and Mineral Resources No. 26 of 2018	Application of Good Mining Rules and Control of Mineral and Coal Mining
25	Decision of the Minister of Manpower No. 202 of 2021	Guidelines for the Implementation of the National OHS Month 2022
III.	Ministerial Circulars	
1	Circular of the Minister of Manpower No. SE. 01/Men/1979	Establishment of Canteen and Dining Room
2	Circular of the Minister of Manpower No. 140/DPKK/III/2004	Fulfillment of the Occupational Safety and Health Requirements in Chemical Industry with Major Hazard Installation
3	Circular of the Minister of Manpower No. 03 of 2011	Appointment of Occupational Safety Experts as referred to in Law no. 1 of 1970, henceforth referred to as OSH Expert.
4	Circular of the Minister of Manpower No. 02 of 2011	Improved Guidance and Control over Companies Providing Occupational Safety and Health Service (PJK3)
5	Circular of the Minister of Manpower No. 13 of 2015	Improvement of OSH Guidance & Control of Fire Prevention at Workplaces.
6	Circular of the Minister of Public Works and Public Housings No. 66 of 2015	Costs for OSHMS Establishment in Public Work Sector

No	Regulaton No.	Concerning
7	Circular of the Minister of Manpower No 5 of 2018	Improvement of OSH Guidance & Control over Construction Sites.

B. OSH Regulations at the Director General Level

1	Decision of Director General of Industrial Relations and Labor Inspection No. 84 of 1998	How to complete report form and analyze accident statistics
2	Decision of the Director General of Oil and Natural Gas No. 84 of 1998	Guidelines and Procedures for Inspection of Occupational Safety on Installations, Equipment, and Techniques Applied in Oil and Gas Mining Businesses and Geothermal Resources Exploitation
3	Decision of the Director General of Sea Transportation No. : B XXV- 456/PP72 2000	Appointment of PT (Persero) Biro Klasifikasi Indonesia as the Executor of Inspection and Testing of Lifting and Transporting Units, Steam Units and Pressurized Vessels Onboard Ships and at Ports.
4	Decision of the Director General of Labour Inspection No. 20 of 2005	Guidelines for the technical implementation of HIV/AIDS prevention and reduction at workplaces
5	Decision of the Director General of Labour Inspection No. 20 of 2005	Guidelines for the Implementation of HIV/AIDS Prevention and Control at Workplaces
6	Decision of the Director General Labour Inspection No. 24 of 2006	Guidelines for Training and Appointment of Auditors of the Occupational Health and Safety Management System.
7	Decision of the Director General of Labour Inspection No. 113 of 2006	Guidelines and Technical Guidance for Occupational Safety and Health Officers in Confined Spaces
8	Decision of the Director General Labour Inspection No. 22 of 2008	Technical Guidelines for the Implementation of Occupational Health Services.
9	Decision of the Director General Labour Inspection No. 53 of 2008	On-the-job training of first aid workers and licensing guidelines..
10	Decision of the Director General Labour Inspection No. 75 of 2010	Guidelines for providing rewards for HIV/AIDS programs at workplaces
11	Decision of the Director General of Industrial Relations and Labor Inspection No. 84 of 2012	Procedure for Formulating Large and Medium Hazard Control Documents
12	Decision of the Director General Labour Inspection No. 64 of 2013	Guidelines for the Development of Occupational Safety and Health in Underwater Diving Work

13	Regulation of the Directorate General of Labour Inspection and OSH No. 6 of 2017	OSH on Elevators and Escalators. Elevator technicians requirement, assignments, rights and obligations.
14	Regulation of the Director General of Air Transportation No. 83 of 2018	Safety Management System Guidelines
15	Decision of the Technical Director of Oil and Gas and the Environment no. K/18/DMT/2018	Guidelines for Supervision of the Application of Oil and Gas Safety Management System
16	Decision of the Director General of Minerals and Coals at the Ministry of Energy and Mineral Resources No. 185.K37.04.DJB.2019	Mining Safety Technical Guidelines and Mineral and Coal Mining Safety Management System
17	Decision of the Director General Labour Inspection No. 12 of 2011	Technical Instructions for Human Resources Development in OSH Sector
18	Circular of Director General of Labour Inspection No. 86 of 1989	Catering Company Managing Food For Workers.
19	Circular of the Director General of Labour Inspection No. 07 of 1997	Hepatitis B Testing in Examining Workers' Health.
20	Regulation of the Jakarta Governor No. 76 of 2009	Application of Hazardous and Toxic Waste Management

C. Regulations Related to Covid-19 Prevention and Control at Workplaces

1. List of Regulations issued by the Ministry of Manpower of the Republic of Indonesia during Covid-19 pandemic..

No	Regulation No.	Concerning
1	Regulation of the Minister of Manpower No. 312 of 2020	Guidelines for Preparing Business Continuity Planning in Dealing with Disease Pandemic
2	Regulation of the Minister of Manpower No. 317 of 2020	Healthy Worker Gymnastics
3	Circular of the Minister of Manpower No. M/3/HK.04/III/2020	Protection of Workers/Labourers and Business Continuity in the Context of Prevention and Control of Covid-19.
4	Circular of the Minister of Manpower No. M/7/AS.02.02/V/2020	Business Continuity Plan in Dealing with the Corona Virus Disease 2019 (Covid-19) Pandemic in Companies.
5	Circular of the Minister of Manpower No. M/8/HK.04/V/2020	Protection of Workers/Labourers in the accident insurance Program in Occupational Disease Cases due to Corona Virus Disease 2019 (Covid-19)

		Perlindungan Pekerja/Buruh dalam Program JKK pada Kasus PAK karena Corona Virus Disease 2019 (Covid-19)
6	Circular of the Minister of Manpower No. M/9/HK.04/VII/2021	Optimizing the Application of Health Protocols at Workplace and Providing Health Equipment and Facilities for Workers/Labourers by Companies during the Corona Virus Disease 2019 (Covid-19) Pandemic.
7	Decision of the Director General No. 5/36/HM.01/IV/2020	Guidelines for Preparing Business Continuity Planning in Dealing with the Covid-19 Pandemic
8	Decision of the Director General No. 5/76/HM.01/VII/2020	Occupational Safety and Health (OSH) Protocol during Back to Work in Preventing Covid-19 Transmission.
9	Decision of the Director General. NO 5/77/HM.01/VII/2020	Preparation of the Internal Business Continuity Planning In Dealing with the Corona Virus Disease 2019 (Covid-19) Pandemic for Small and Medium Enterprises (SMEs)
10	Decision of the Director General No. 5/151/AS.02/XI/2020	Guidelines for the Application of Occupational Health and Safety (OSH) Medical Checkups for Workers During the Covid-19 Pandemic.
11	Guidance	Guidelines for Labor Inspection During Pandemic.

2. List of Regulations related to Covid-19 Control at Workplaces issued by the Ministry of Health of the Republic of Indonesia:

- 1) Circular No. HK.02.01 MENKES 335 of 2020 concerning COVID-19 Prevention Protocols in Service and Trading Workplaces;
- 2) Decision of the Minister of Health No.HK.01.07-MENKES-328 of 2020 concerning Guidelines for COVID-19 Prevention and Control in Offices and Industries. Presidential Instruction No. 6 of 2020 concerning Enhanced Law Enforcement and Discipline Protocol
- 3) Decision of the Minister of Health No.HK 01.07 MENKES 327 of 2020 concerning Determination of COVID-19 as an Occupational Disease Specific to Certain Jobs
- 4) Decision of the Minister of Health No.HK.01.07-MENKES 413 of 2020 concerning COVID-19 Prevention and Control Guideline
- 5) Decision of the Minister of Health 382 of 2020 concerning Health Protocols in Public Areas and Public Facilities in Preventing COVID-19
- 6) Decision of the Minister of Health No.HK.01.07-MENKES-328 of 2020 concerning COVID-19 Prevention and Control Guidelines in Offices and Industries.

ATTACHMENT III:

Data on Work Accidents and Occupational Diseases (KK and PAK)

1. Data on Work Accidents and Occupational Diseases based report from the Provincial Manpower Office to the Ministry of Manpower.

a. Data in 2019

NO	PROVINCE/ DISTRICT/ CITY	No. Of Work Accidents	No. Of Victims	Poisoning	Occupational Diseases	TYPE OF WORK ACCIDENTS									
						A	B	C	D	E	F	G	H	I	J
	National	15,486	13,519	3	48	3,670	1,362	1,648	350	393	2,507	1,059	145	72	2,866
1	Aceh	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	North Sumatra	11	8	-	-	3	2	2	-	-	1	2	-	-	2
3	West Sumatra	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	Riau	8	8	-	-	-	-	-	-	-	-	-	-	-	2
5	Jambi	20	12	-	-	10	1	2	-	1	1	1	-	-	4
6	South Sumatra	206	197	-	1	88	27	27	4	1	3	27	-	3	20
7	Bengkulu	12	12	-	-	8	1	1	1	-	-	-	-	1	-
8	Lampung	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Bangka Belitung Islands	7	8	-	-	2	1	1	-	-	1	2	-	-	1
10	Riau Islands	3,739	3,725	-	1	558	208	445	32	65	1,696	649	33	10	19
11	Special Capital District of Jakarta	3,741	3,423	-	1	905	485	466	172	209	401	138	17	20	1329
12	West Java	4,678	3,441	-	-	846	133	502	65	88	323	184	35	11	669
13	Central Java	2,205	2,204	3	-	1,063	371	96	42	6	28	3	14	5	560
14	Special District of Jogjakarta	131	134	-	-	42	16	9	3	-	8	-	-	4	49
15	East Java	209	210	-	-	52	12	15	4	3	5	-	3	1	115
16	Banten	380	2	-	4	34	65	62	22	15	34	35	18	10	85
17	Bali	-	-	-	-	-	-	-	-	-	-	-	-	-	1
18	West Nusa Tenggara	14	13	-	40	12	9	-	1	-	-	-	20	-	1
19	East Nusa Tenggara	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	West Kalimantan	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	Central Kalimantan	2	2	-	-	-	-	-	-	-	-	-	-	-	2
22	Kalimantan Selatan	74	74	-	-	32	24	5	2	-	5	-	-	-	6
23	East Kalimantan	18	18	-	-	3	2	7	1	1	-	1	2	-	-
24	North Kalimantan	8	8	-	-	2	2	-	1	2	-	-	-	-	1
25	North Sulawesi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	Central Sulawesi	6	6	-	-	1	-	2	-	-	-	-	1	-	-
27	South Sulawesi	4	3	-	-	3	-	-	-	1	-	-	-	-	-
28	Southeast Sulawesi	5	4	-	-	-	-	2	-	-	-	17	-	3	-
29	Gorontalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	West Sulawesi	3	2	-	-	1	-	-	-	-	-	-	-	2	-

31	Maluku	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	North Maluku	1	1	-	-	-	1	-	-	-	1	-	-	1	-
33	West Papua	4	4	-	1	5	2	4	-	1	-	-	2	1	-
34	Papua	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Completed with number of accidents accumulated starting from early year to the reporting period

Note:

- A Collision generally indicates contact or contact with sharp objects or hard objects which causes scratches, cuts, punctures etc.,
- B Getting hit (usually by falling, sliding, drifting etc.),
- C Caught in and between objects (pinched, bitten, buried, drowned, etc.),
- D Jatuh karena ketinggian yang sama,
- E Falling from the different heights,
- F Slipped,
- G Exposure (generally depends on temperature, air pressure, vibration, radiation, sound, light etc.),
- H Inhalation, absorption (showing the process of entering harmful substances or substances into the body either through respiratory tract or skin and which generally results in shortness of breath, poisoning, suffocation, etc.),
- I Electrical shocks,
- J And others
- KK Work Accidents
- PAK Occupational Disease

b. Data in 2020

NO	PROVINCE	No. of Work Accidents	No. Of Victims	Poisoning	Occupational Disease	TYPE OF WORK ACCIDENTS									
						A	B	C	D	E	F	G	H	I	J
	JUMLAH NASIONAL	6.037	4.287	1	81	1.486	399	581	103	89	781	414	109	28	1.606
1	Aceh	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	North Sumatra	16	6	-	-	17	1	2	3	-	-	1	-	-	9
3	West Sumatra	5	5	-	-	1	1	1	-	-	2	-	-	-	-
4	Riau	8	8	-	-	-	-	-	-	-	-	-	-	-	2
5	Jambi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	South Sumatra	192	192	-	-	125	-	24	-	2	-	-	-	-	47
7	Bengkulu	3	3	-	-	-	1	1	-	-	-	-	-	1	-
8	Lampung	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Bangka Belitung Islands	17	56	-	-	16	10	1	3	-	1	20	-	-	5
10	Riau Islands	990	946	-	1	118	49	89	15	13	496	170	31	3	5
11	Special Capital District of Jakarta	207	226	-	-	37	5	14	9	14	8	6	2	-	88

12	West Java	1.378	952	-	-	297	50	165	14	16	114	43	10	4	197
13	Central Java	211	210	1	-	64	34	20	4	4	3	4	1	1	72
14	Special District of Jogjakarta	131	134	-	-	42	16	9	3	-	8	-	-	4	49
15	East Java	345	345	-	-	43	19	39	12	6	9	4	8	-	224
16	Banten	2.161	839	-	16	547	183	183	20	30	121	159	30	10	875
17	Bali	11	-	-	-	9	-	-	-	1	-	-	-	-	1
18	West Nusa Tenggara	11	17	-	60	9	-	-	-	-	-	-	20	-	1
19	East Nusa Tenggara	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	West Kalimantan	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	Central Kalimantan	6	7	-	-	-	-	-	-	-	-	-	-	-	-
22	Kalimantan Selatan	69	69	-	-	47	3	9	1	1	4	1	-	-	3
23	East Kalimantan	257	259	-	3	105	24	22	19	1	14	6	4	-	28
24	North Kalimantan	5	1	-	-	3	2	-	-	-	-	-	-	-	-
25	North Sulawesi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	Central Sulawesi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27	South Sulawesi	1	1	-	-	-	1	-	-	-	-	-	-	-	-
28	Southeast Sulawesi	1	-	-	-	-	-	2	-	-	-	-	-	-	-
29	Gorontalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	West Sulawesi	3	2	-	-	1	-	-	-	-	-	-	-	2	-
31	Maluku	3	3	-	-	-	-	-	-	-	1	-	-	1	-
32	North Maluku	2	2	-	-	1	-	-	-	-	-	-	1	1	-
33	West Papua	4	4	-	1	4	-	-	-	1	-	-	2	1	-
34	Papua	-	-	-	-	-	-	-	-	-	-	-	-	-	-

c. Data in 2021

NO	PROVINCE/ DISTRICT/ CITY	Number of Accidents	Number of Victims	Poisoning	Occupational Diseases	TYPE OF WORK ACCIDENTS KERJA										
						A	B	C	D	E	F	G	H	I	J	
	NATIONAL TOTAL	7.298	9.224	33	6	2.097	485	1.116	184	162	1.387	455	101	24	1.757	
1	Aceh	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2	North Sumatra	9	12	-	-	5	-	-	-	-	-	1	-	-	37	
3	West Sumatra	16	16	-	-	1	8	-	-	-	1	-	4	-	-	
4	Riau	159	162	-	-	100	35	7	9	8	9	-	-	-	18	
5	Jambi	5	5	0	0	2	-	2	0	2	-	1	0	0	0	
6	South Sumatra	91	87	-	-	22	6	9	-	-	5	-	1	-	36	

7	Bengkulu	5	5	-	-	-	1	1	1	-	1	-	-	1	-
8	Lampung	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Bangka Belitung Islands	36	36	-	-	4	2	-	10	-	-	-	-	-	20
10	Riau Islands	1.237	1.225	-	1	126	49	105	7	23	734	231	18	-	4
11	Special Capital District of Jakarta	417	452	32	3	44	27	58	12	28	49	13	1	5	211
12	West Java	3.858	3.215	-	-	1.139	209	667	115	79	481	122	61	11	948
13	Central Java	262	200	1	-	78	38	27	6	5	5	5	4	1	68
14	Special District of Jogjakarta	124	533	-	-	348	-	62	-	-	12	-	-	-	111
15	East Java	345	345	-	-	43	19	39	12	6	9	4	8	-	224
16	Banten	600	360	-	1	149	81	121	10	8	78	78	1	4	68
17	Bali	23	23	-	-	-	-	-	-	-	-	-	-	-	-
18	West Nusa Tenggara	13	13	-	-	8	6	-	-	-	-	-	-	-	-
19	East Nusa Tenggara	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	West Kalimantan	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	Central Kalimantan	8	8	-	-	-	-	1	-	-	-	-	-	-	7
22	Kalimantan Selatan	29	29	-	-	11	3	11	-	-	1	-	-	-	3
23	East Kalimantan	13	13	-	-	4	-	3	2	1	1	-	1	-	1
24	North Kalimantan	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	North Sulawesi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	Central Sulawesi	2	2	-	-	-	-	1	-	1	-	-	-	-	-
27	South Sulawesi	8	8	-	-	-	-	-	-	-	-	-	-	-	-
28	Southeast Sulawesi	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29	Gorontalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	West Sulawesi	6	-	-	-	6	-	-	-	-	-	-	-	-	-
31	Maluku	3	3	-	-	-	-	-	-	-	1	-	-	1	-
32	North Maluku	4	4	-	-	2	-	2	-	-	-	-	-	-	-
33	West Papua	4	4	-	1	4	-	-	-	1	-	-	2	1	-
34	Papua	21	2.464	-	-	1	1	-	-	-	-	-	-	-	1

2. Data on Work Accidents and Occupational Diseases based on Accident Insurance Claim at BPJS Ketenagakerjaan

Year	Number of Work Accidents & Occupational Disease	Number of Fatal Cases
2005	99,023	2,045
2006	95,624	1,784
2007	83,714	1,883
2008	93,823	2,124
2009	96,134	2,114
2010	98,712	2,191

2011	99,491	2,218
2012	103,074	2,419
2013	103,285	2,438
2014	105,383	2,375
2015	89,322	110,272
2016	102,929	101,367
2017	128,491	128,461
2018		
2019	210,789	4,007
2020	221,740	3,410
2021	234,370	6,552

JAMINAN KECELAKAAN KERJA 2019

JAMINAN KECELAKAAN KERJA				
JENIS KLAIM	PU	BPU	JAKON	TOTAL
CACAT SEBAGIAN ANATOMIS	4,885	95	194	5,174
CACAT SEBAGIAN FUNGSI	5,146	47	95	5,288
CACAT TOTAL TETAP	61	0	6	67
MASIH PENGOBATAN	85,762	2,050	1,051	88,863
MENINGGAL DUNIA	3,713	99	195	4,007
SEMBUH	104,302	1,477	1,456	107,235
LAIN-LAIN	153	0	2	155
TOTAL	204,022	3,768	2999	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
USIA	TOTAL KASUS
5/D 20 THN	395
20 S/D 25 THN	27,308
25 S/D 30 THN	40,243
30 S/D 35 THN	34,378
35 S/D 40 THN	32,036
40 S/D 45 THN	26,984
45 S/D 50 THN	21,337
50 S/D 56 THN	17,268
> 56 THN	10,840
TOTAL	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
BERDASARKAN LOKASI KECELAKAAN	KASUS
DALAM	130,999
ILUAR	36,987
LALU LINTAS	53,665
LAIN-LAIN	138
TOTAL	210,789

JAMINAN KECELAKAAN KERJA	
JENIS KELAMIN	KASUS
LAKI-LAKI	162,504
PEREMPUAN	48,285
TOTAL	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
MASA KEPESERTAAN	TOTAL KASUS
5/D 6 BLN	40,591
6 BLN 5/D 1 THN	23,325
1 S/D 2 THN	27,223
2 S/D 3 THN	16,608
3 S/D 4 THN	12,279
4 S/D 5 THN	11,944
5 S/D 10 THN	41,244
10 S/D 15 THN	13,972
15 S/D 20 THN	10,372
20 S/D 25 THN	7,628
25 S/D 30 THN	4,703
30 S/D 35 THN	1,104
35 S/D 40 THN	108
> 40 THN	8
TOTAL	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
BERDASARKAN WAKTU KEJADIAN	KASUS
00.01 - 06.00	17,534
06.01 - 12.00	96,725
12.01 - 18.00	68,290
18.01 - 24.00	28,240
TOTAL	210,789

JAMINAN KECELAKAAN KERJA 2019

JAMINAN KECELAKAAN KERJA (JKK)		
CORAK KECELAKAAN KERJA	KASUS	NOMINAL
JATUH DARI KETINGGIAN YANG BERBEDA	7,631	89,061,954,867
JATUH DARI KETINGGIAN YANG SAMA	10,251	112,537,294,428
PENGHISAPAN (PENYERAPAN)	1,388	7,937,944,029
TENGGELAM	158	12,302,295,363
TERBENTUR	73,555	656,292,657,045
TERGELINCIR	29,825	174,061,973,216
TERGIGIT	2,428	5,904,244,647
TERJEPIT	37,522	198,027,193,451
TERPAPAR	22,756	123,617,025,949
TERPUKUL	11,122	47,813,938,242
TERSENGAT ALIRAN LISTRIK	1,099	21,628,140,320
TERTANGKAP	5,161	11,582,513,260
TERTIMBUN	2,869	23,721,983,907
LAIN-LAIN	5,024	92,687,640,969
TOTAL	210,789	1,577,176,799,693

SUMBER PENYEBAB CEDERA	KASUS	NOMINAL
DEBU BERBAHAYA	4840	11,232,623,239
BAHAN MUDAH TERBAKAR DAN BENDA PANAS	2446	26,566,312,440
PENGERAK MULA DAN POMPA	1308	10,361,536,055
PERALATAN LISTRIK	1824	25,676,937,912
PESAWAT ANGKUT	12526	160,073,036,138
LAIN-LAIN	25498	285,083,214,475
PERKAKAS PEKERJAAN TANGAN	15249	43,362,859,317
LIFT (BARANG, ORANG)	7944	49,156,507,149
BAHAN KIMIA	4357	14,533,211,259
BINATANG	1457	5,295,813,461
ALAT TRANSMISI MEKANIK	4914	28,339,946,335
PESAWAT UAP DAN BEJANA TEKAN	537	6,097,204,275
RADIASI DAN BAHAN RADIOAKTIF	92	599,068,267
FAKTOR LINGKUNGAN	44515	309,006,179,594
CONVEYOR	1279	12,641,598,550
PENGANGKUT / PENGANGKAT BARANG	18887	180,735,674,738
MESIN (PRESS, BOR, GERGAJI, DLL)	49948	256,880,464,188
PERMUKAAN LANTAI DI LINGKUNGAN KERJA	7666	63,835,888,042
LAIN-LAIN	5502	87,698,724,258
TOTAL	210,789	1,577,176,799,693

JAMINAN KECELAKAAN KERJA 2020

SEKTOR USAHA	LAKI-LAKI		PEREMPUAN	
	KASUS	NOMINAL	KASUS	NOMINAL
ANEKA INDUSTRI	33,234	175,121,943,874	17,664	52,228,003,859
ENERGI, TELEKOMUNIKASI, TRANSPORTASI	8,635	106,501,114,005	528	3,716,836,608
INDUSTRI BARANG KONSUMSI	20,776	144,630,760,810	12,707	60,868,674,629
INDUSTRI DASAR DAN KIMIA	22,590	136,058,311,900	3,449	13,943,837,475
KEUANGAN DAN INVESTASI	2,541	44,531,458,630	951	10,094,092,403
PERDAGANGAN DAN JASA	35,418	395,693,858,878	11,008	73,123,701,598
PERTAMBANGAN	3,026	43,809,671,879	105	1,030,732,320
PERTANIAN, PERIKANAN, PERKEBUNAN, KEHUTANAN	36,439	183,560,270,400	4,508	17,311,726,964
PROPERTI DAN REAL ESTATE	3,436	57,129,099,375	115	1,501,209,109
BLANK	3,560	31,133,162,759	1,050	5,922,420,180
Total	169,655	1,318,169,652,509	52,085	239,741,235,145

JAMINAN KECELAKAAN KERJA (JKK)		
SEKTOR USAHA	KASUS	NOMINAL
ANEKA INDUSTRI	50,898	227,349,947,733
ENERGI, TELEKOMUNIKASI, TRANSPORTASI	9,163	110,217,950,613
INDUSTRI BARANG KONSUMSI	33,483	205,499,435,439
INDUSTRI DASAR DAN KIMIA	26,039	150,002,149,374
KEUANGAN DAN INVESTASI	3,492	54,625,551,033
PERDAGANGAN DAN JASA	46,426	468,817,560,476
PERTAMBANGAN	3,131	44,840,404,199
PERTANIAN, PERIKANAN, PERKEBUNAN, KEHUTANAN	40,947	200,871,997,363
PROPERTI DAN REAL ESTATE	3,551	58,630,308,484
LAIN-LAIN	4,610	37,055,582,939
TOTAL	221,740	1,557,910,887,653

JENIS KELAMIN PESERTA	DALAM	LUAR	LALU LINTAS	LAIN-LAIN	TOTAL
LAKI-LAKI	118,970	12,986	37,644	54	169,654
PEREMPUAN	25,862	5,222	20,867	135	52,086
TOTAL	144,832	18,208	58,511	189	221,740

JAMINAN KECELAKAAN KERJA 2020

JAMINAN KECELAKAAN KERJA (JKK)		
CORAK KECELAKAAN KERJA	KASUS	NOMINAL
JATUH DARI KETINGGIAN YANG BERBEDA	7,934	79,045,016,203
JATUH DARI KETINGGIAN YANG SAMA	10,512	121,665,460,407
PENGHISAPAN (PENYERAPAN)	1,000	7,629,966,274
TENGGELOM	146	14,676,721,733
TERBENTUR	79,415	666,059,623,629
TERGELINCIR	32,950	199,178,895,623
TERGIGIT	3,078	6,749,870,437
TERJEPIT	38,589	209,251,304,197
TERPAPAR	26,289	138,714,625,379
TERPUKUL	11,412	46,725,791,858
TERSENGAT ALIRAN LISTRIK	1,149	26,813,229,963
TERTANGKAP	3,967	10,221,256,266
TERTIMBLUN	3,115	15,920,268,159
BLANK	2,184	15,258,857,525
TOTAL	221,740	1,557,910,887,653

JAMINAN KECELAKAAN KERJA (JKK)		
SUMBER PENYEBAB CEDERA	KASUS	NOMINAL
DEBU BERBAHAYA	4,094	9,428,580,700
BAHAN MUDAH TERBAKAR DAN BENDA PANAS	2,314	26,678,782,204
PERALATAN LISTRIK	1,667	80,950,272,359
PENGGERAK MULA DAN POMPA	1,348	11,999,231,552
LAIN-LAIN	38,205	375,956,531,412
PERKAKAS PEKERJAAN TANGAN	14,220	89,788,801,174
PESAWAT ANGKUT	13,881	152,367,802,559
LIFT (BARANG, ORANG)	6,540	36,655,478,148
BAHAN KIMIA	4,213	25,004,708,610
BINATANG	2,898	6,802,774,639
ALAT TRANSMISI MEKANIK	4,420	25,983,069,303
PESAWAT UAP DAN BEJANA		
TEKAN	619	6,344,397,121
RADIASI DAN BAHAN RADIOAKTIF		
RADIOAKTIF	120	178,385,845
FAKTOR LINGKUNGAN	44,972	311,528,790,538
CONVEYOR	1,164	9,663,034,912
MESIN (PRESS, BOR, GERGAJI, DLL)	52,340	261,697,172,619
PENGANGKUT / PENGANGKAT BARANG	17,802	156,368,099,430
PERMUKAAN LANTAI DI LINGKUNGAN KERJA	8,128	63,630,150,253
LAIN-LAIN	2,894	14,907,634,383
Total	221,740	1,557,910,887,653

JAMINAN KECELAKAAN KERJA 2021

JAMINAN KECELAKAAN KERJA (JKK)		
CORAK KECELAKAAN KERJA	KASUS	NOMINAL
TERGIGIT	2,298	5,509,778,460
TERPUKUL	10,951	44,026,389,592
PENGHISAPAN (PENYERAPAN)	650	6,577,302,897
JATUH DARI KETINGGIAN YANG BERBEDA	7,631	87,375,418,362
TERTIMBLUN	2,974	21,569,384,086
TERSENGAT ALIRAN LISTRIK	1,251	23,443,671,201
TERBENTUR	84,791	742,484,376,337
JATUH DARI KETINGGIAN YANG SAMA	11,363	146,420,279,659
TERPAPAR	25,964	168,374,178,039
TERJEPIT	40,678	230,679,719,919
TERGELINCIR	38,216	250,392,793,093
TENGGELOM	264	16,497,270,088
TERTANGKAP	3,346	11,117,672,433
BLANK	3,993	35,798,034,910
TOTAL	234,370	1,790,266,269,076

JAMINAN KECELAKAAN KERJA (JKK)		
SUMBER PENYEBAB CEDERA	KASUS	NOMINAL
BAHAN MUDAH TERBAKAR DAN BENDA PANAS	2,551	18,838,946,845
LAIN-LAIN	4,469	34,369,712,465
PENGGERAK MULA DAN POMPA	1,318	13,576,673,482
PERALATAN LISTRIK	1,577	21,933,894,188
PESAWAT ANGKUT	14,312	154,731,464,715
LAIN-LAIN	52,615	526,056,902,645
PERKAKAS PEKERJAAN TANGAN	13,423	39,844,277,990
LIFT (BARANG, ORANG)	6,300	42,298,197,074
BAHAN KIMIA	3,885	13,174,917,616
BINATANG	1,879	6,983,569,528
ALAT TRANSMISI MEKANIK	3,656	29,462,052,134
RADIASI DAN BAHAN RADIOAKTIF		
RADIOAKTIF	129	174,158,385
PESAWAT UAP DAN BEJANA		
TEKAN	560	6,288,434,962
FAKTOR LINGKUNGAN	43,480	328,248,604,314
CONVEYOR	1,126	14,835,897,769
PENGANGKUT / PENGANGKAT BARANG	18,265	177,858,561,830
MESIN (PRESS, BOR, GERGAJI, DLL)	51,677	281,084,692,276
PERMUKAAN LANTAI DI LINGKUNGAN KERJA	8,591	68,996,288,058
DEBU BERBAHAYA	4,557	11,509,022,804
Total	234,370	1,790,266,269,076

JAMINAN KECELAKAAN KERJA 2021

SEKTOR USAHA	JAMINAN KECELAKAAN KERJA (JKK)			
	LAKI-LAKI		PEREMPUAN	
	KASUS	NOMINAL	KASUS	NOMINAL
ANEKA INDUSTRI	31,603	199,057,975,286	16,592	57,698,310,152
ENERGI, TELEKOMUNIKASI, TRANSPORTASI	9,642	130,261,925,002	572	5,811,532,950
INDUSTRI BARANG KONSUMSI	23,033	184,756,970,214	15,846	81,480,637,124
INDUSTRI DASAR DAN KIMIA	23,752	147,238,182,508	3,435	16,370,585,993
KELUANGAN DAN INVESTASI	2,539	65,532,521,147	1,112	9,198,969,440
PERDAGANGAN DAN JASA	39,844	452,414,051,255	12,380	87,947,451,207
PERTAMBANGAN	6,305	41,523,302,225	260	744,340,639
PERTANIAN, PERIKANAN, PERKEBUNAN, KEHUTANAN	34,143	191,937,854,197	4,333	15,497,057,938
PROPERTI DAN REAL ESTATE	3,249	53,137,313,008	153	903,151,129
BLANK	4,205	39,202,630,715	1,372	9,551,506,949
TOTAL	178,315	1,505,062,725,557	56,055	285,209,543,521

SEKTOR USAHA	JAMINAN KECELAKAAN KERJA (JKK)	
	KASUS	NOMINAL
ANEKA INDUSTRI	48,195	256,756,285,438
ENERGI, TELEKOMUNIKASI, TRANSPORTASI	10,214	136,073,457,953
INDUSTRI BARANG KONSUMSI	38,879	266,237,607,338
INDUSTRI DASAR DAN KIMIA	27,187	163,608,768,501
KELUANGAN DAN INVESTASI	3,651	74,731,490,588
PERDAGANGAN DAN JASA	52,224	540,361,502,461
PERTAMBANGAN	6,565	42,267,642,864
PERTANIAN, PERIKANAN, PERKEBUNAN, KEHUTANAN	38,476	207,434,912,135
PROPERTI DAN REAL ESTATE	3,402	54,040,464,137
LAIN-LAIN	5,577	48,754,137,664
TOTAL	234,370	1,790,266,269,079

JENIS KELAMIN PESERTA	DALAM	LUAR	LALU LINTAS	LAIN-LAIN	TOTAL
LAKI-LAKI	120,076	14,023	43,738	482	178,319
PEREMPUAN	24,853	5,730	24,479	989	56,051
TOTAL	144,929	19,753	68,217	1,471	234,370

JAMINAN KECELAKAAN KERJA 2021

KONDISI AKHIR	JAMINAN KECELAKAAN KERJA (JKK)		
	LAKI-LAKI	PEREMPUAN	TOTAL
CACAT SEBAGIAN ANATOMIS	4,021	341	4,362
CACAT SEBAGIAN FUNGSI	3,388	428	3,804
CACAT TOTAL TETAP	27	1	28
MASH PENGOBATAN	103,265	34,856	138,122
MENINGGAL DUNIA	5,873	679	6,552
SEMBUH	61,708	19,655	81,363
BLANK	38	305	343
TOTAL	178,315	56,055	234,370

WAKTU KECELAKAAN KERJA	JAMINAN KECELAKAAN KERJA (JKK)			
	DALAM	LUAR	LALU LINTAS	LAIN-LAIN
00:00-06:00	7,822	10,160	1,532	90
06:00-12:00	27,025	69,580	8,576	947
12:00-18:00	19,540	49,418	6,682	223
18:00-24:00	13,830	16,170	2,963	87
BLANK	-	0	0	139
Total	68,217	144,929	19,753	1,471

SEKTOR USAHA	JAMINAN KECELAKAAN KERJA (JKK)			
	00:00 - 06:00	06:00 - 12:00	12:00 - 18:00	18:00 - 24:00
ANEKA INDUSTRI	5,065	20,284	14,635	8,211
ENERGI, TELEKOMUNIKASI, TRANSPORTASI	993	1,965	1,648	1,608
INDUSTRI BARANG KONSUMSI	4,143	26,324	12,418	5,994
INDUSTRI DASAR DAN KIMIA	2,845	11,698	8,470	4,174
KELUANGAN DAN INVESTASI	173	1,658	1,274	540
PERDAGANGAN DAN JASA	3,913	22,788	17,366	8,157
PERTAMBANGAN	740	2,580	1,999	1,246
PERTANIAN, PERIKANAN, PERKEBUNAN, KEHUTANAN	1,155	22,563	12,714	2,044
PROPERTI DAN REAL ESTATE	147	1,589	1,308	958
LAIN-LAIN	430	2,280	2,051	836
TOTAL	19,604	108,729	75,863	33,174

BAGIAN YANG SAKIT	KASUS	NOMINAL
BADAN	28,617	371,488,427,172
JARI KAKI	5,413	20,576,082,216
JARI TANGAN	44,669	251,669,324,835
KAKI	52,489	257,596,153,042
KEPALA	25,228	388,549,965,534
LENGAN	10,682	62,129,903,974
MATA	28,320	47,844,558,775
ORGAN TUBUH BAGIAN DALAM	3,818	297,461,705,557
PAHA	4,039	27,805,803,384
TANGAN	37,740	188,086,899,257
TELINGA	568	2,206,515,493
LAIN-LAIN	1,789	24,649,429,842
Total	234,370	1,790,266,269,078

JAMINAN KECELAKAAN KERJA				
JENIS KLAIM	PU	BPU	JAKON	TOTAL
CACAT SEBAGIAN ANATOMIS	4,164	96	102	4,362
CACAT SEBAGIAN FUNGSI	3,696	55	53	3,804
CACAT TOTAL TETAP	26	0	2	28
MASIH PENGOBATAN	133,773	3,430	929	138,122
MENINGGAL DUNIA	6,065	275	212	6,552
SEMBUH	79,493	1,047	819	81,359
BLANK	142	0	1	143
TOTAL	227,359	4893	2118	234,370

JAMINAN KECELAKAAN KERJA (JKK)	
MASA KEPESEERTAAN	TOTAL KASUS
5/D 6 BLN	40,170
6 BLN 5/D 1 THN	27,170
1 5/D 2 THN	36,087
2 5/D 3 THN	23,544
3 5/D 4 THN	14,104
4 5/D 5 THN	9,993
5 5/D 10 THN	39,361
10 5/D 15 THN	17,661
15 5/D 20 THN	8,935
20 5/D 25 THN	8,074
25 5/D 30 THN	5,448
30 5/D 35 THN	1,636
35 5/D 40 THN	251
> 40 THN	18
TOTAL	234,370

JAMINAN KECELAKAAN KERJA (JKK)	
USIA	TOTAL KASUS
5/D 20 THN	5,242
20 5/D 25 THN	41,862
25 5/D 30 THN	43,082
30 5/D 35 THN	36,617
35 5/D 40 THN	33,649
40 5/D 45 THN	27,064
45 5/D 50 THN	22,001
50 5/D 56 THN	17,357
> 56 THN	7,496
TOTAL	234,370

JAMINAN KECELAKAAN KERJA (JKK)	
BERDASARKAN LOKASI KECELAKAAN	KASUS
DALAM	144,920
LUAR	39,753
GALU LINTAS	88,217
LAIN-LAIN	1,471
TOTAL	234,370

JAMINAN KECELAKAAN KERJA	
JENIS KELAMIN	KASUS
LAKI-LAKI	178,319
PEREMPUAN	56,051
TOTAL	234,370

JAMINAN KECELAKAAN KERJA (JKK)	
BERDASARKAN WAKTU KEJADIAN	KASUS
00:01 - 06:00	28,604
06:01 - 12:00	105,720
12:01 - 18:00	75,863
18:01 - 24:00	33,174
TOTAL	234,370

REKAP JUMLAH KASUS DAN BIAYA PELAYANAN KESEHATAN KASUS PAK NASIONAL
PERIODE : 1 JANUARI 2015 - 30 JUNI 2022

NO.	PERIODE	JUMLAH KASUS (JUMLAH TK)	NOMINAL
1	1 JAN - 31 DES 2015	20	344,862,575
2	1 JAN - 31 DES 2016	11	60,920,549
3	1 JAN - 31 DES 2017	24	224,242,493
4	1 JAN - 31 DES 2018	17	276,063,787
5	1 JAN - 31 DES 2019	44	597,784,043
6	1 JAN - 31 DES 2020	71	5,809,058,925
7	1 JAN - 31 DES 2021	1,123	21,304,891,356
8	1 JAN - 30 JUNI 2022	753	10,905,288,242
	TOTAL	2,063	39,523,111,971

3. Work Accidents Handled by Labour Inspectors of the Ministry of Manpower and Provincial Office

No	Name of Companies	Province	Name of Case, Subdistrict	Date and Year of Accident
1.	PT Pertamina Unit Revinari VI Balongan Indramayu.	West Java,	Explosion due to leaking storage tank	31 March 2021
2.	PT.Sinar Anggel Emas	Batang Toru, North Sumatra	landslide construction of the Batang Toru hydropower plant	29 April 2021

3.	PT. Synohydro Corporation Ltd	Batang Toru, North Sumatra	landslide construction of hydropower plant Batang Toru	29 April 2021
4.	PT. Sinohydro Corporation Limited	Special Capital District of Jakarta	A tree accident happened when checking the installation of iron embankments	28 May 2021
5.	Ibis Style Hotel	East Java	Elevator Work Accident	28 May 2021
6.	PT Kalimas Putra Makmur	East Java	Fire at paint and thinner factory	6 June 2021
7.	PT. WILMAR NABATI INDONESIA	East Java	xplosion due to methanol in the form of gas released from the tank and connected to the cutting work on the sprinkler pipe	8 June 2021
8.	PT. Citra Adi sarana (CAS)	East Java	Methanol Tank Explodes causing fire	9 June 2021
9.	PT. Pertamina (RU IV Cilacap- Sub Holding Refining)	Central Java	Methanol Tank Exploded causing a fire	11 June 2021
10.	PT. Indonesian Weda Bay Industrial Park	North Maluku	Exposure to extreme heat due to calcine bursts from the furnace	15 June 2021
11.	PT. Sari Dumai Oleo	Dumai, Riau	TBD3k3 (basic oleo) tank fire at PT. Sari Dumai Oleo	16 June 2021
12.	PT. Hj Busana Indah	West Java	Boiler explosion accident	31 July 2021
13.	PT. Era Vista Estetika	Special Capital District of Jakarta	Work accident stuck in elevator/lift	22 August 2021
14.	Margo City (PT. Puri Dibya Property)	West Java	Explosion in lift service, electrical panels and LPG pipelines on the ground floor, 1st floor and 2nd floor in the loading dock area	21 August 2021
15.	Perum Taman Royal Permata Raya	Banten	Gas poisoning in sewers	
16.	PT. ASDP Indonesia Ferry (Persero)	Banten	Untested bucket ear, working at height	30 August 2021

17.	PT. HaKasaston	Special Capital District of Jakarta	Air transport accident	4 November 2021
18.	PT. Wijaya Karya	West Java	Work accident, Steel post of Jakarta-Bandung fast train fell	5 December 2021
19.	Gedung Nusantara I DPR RI	Special Capital District of Jakarta	Passangers trapped in an elevator	10 December 2021
20.	PT.PP Presisi	West Java	Work accident, Cijago toll road construction project, 3rd session in Limo Depok	21 March 2022
21.	PT. Budi Makmur Perkasa	West Java	Explosion	28 January 2022
22.	PT. Perkebunan Nusantara XI Pabrik Gula Assembagoes	East Java	Work accident, hit by end roller belt conveyor BC 7	14 July 2022
23.	PT. Bapindo Abadi Pratama	Banten	Fire on 2nd floor	16 July 2022

(Source: Directorate of Labour Norm Binariksa, Directorate General of Labour Inspection and OSH -the Ministry of Manpower 2022)

4. Accidents Compiled by Isafety Magazine

DATA ON ACCIDENTS AS PUBLISHED BY ISAFETY MAGAZINE		
DATE	DETAILED INFORMATION ON ACCIDENTS	VICTIMS
28 Dec 2021	An AC technician named Hendra (32), died as a result of being struck by lightning in the Cileungsi District, Bogor Regency. The victim's body was immediately taken to the Cileungsi Hospital. According to the head of the repairman, Ervin, the incident occurred at around 11.00 on Tuesday, December 28, 2021. At that time, the weather at the location was cloudy and the victim was filling the AC freon on the 4th floor. "The victim is filling up the freon with the excuse that it is raining," said Ervin, Wednesday (12/29/2021).	1 person died
4 Jan 2022	Five pole installation workers on Jalan Syarifuddin Yoes, BSCC Dome Balikpapan East Kalimantan, were electrocuted by high voltage electricity, on Tuesday (4/1/2022) at around 17.00 WITA. As a result of the incident, one of the five victims died. The incident began when the five workers installed an internet pole belonging to one of the new network operators right around the traffic light in the middle of the rain. While trying to erect the pole, suddenly there was an explosion, suddenly five workers were electrocuted and fell on the ground.	1 person died, 4 injured
23 Jan 2022	Five employees of PT Kurnia Tunggal (KT) who worked as copra laborers were found to have died on a tug boat, on Sunday, January 23, 2022. Even though they were taken to the Nipah Panjang Health Center for help, the lives of the five people who were suspected of being poisoned by carbon dioxide gas (CO ₂) on the ship could no longer be saved.	5 persons died

26 Jan 2022	<p>A freelance daily worker (PHL) fell from the top of a 20 meter high tower near the Maluku District Office, Benete Village, West Sumbawa. The victim is known as Soni Hidayat.</p> <p>The incident that occurred on Wednesday, January 26 2022 at around 12.15 WITA resulted in the victim experiencing serious injuries. Eddy said that the incident began when the victim and his two colleagues, Hardiyansyah and Hafitriyansyah, were given the task of installing a mount on a tower which was later referred to as a tower for one of the provider cards. The incident was allegedly caused by the negligence of workers because they climbed the tower without using safety devices.</p>	1 person died
4 Mar 2022	<p>A construction worker, Roni (45) died from being electrocuted while working in Hulaan Village, Menganti District, Gresik, East Java. Suddenly, the incident caused a stir in the local residents. Plus, when the victim was stung, he was on the top floor of his employer's house. Worse, after being electrocuted, the victim did not immediately fall down, but his body became stuck between the iron buildings on top of the house. The Head of the Menganti Police, AKP Tatak, said that the incident began when the victim was on the top floor of the house cleaning up the remains of the building. Allegedly, the victim did not know there was a cable belonging to PLN.</p> <p>"The incident occurred around 07.30 WIB, the victim was electrocuted by a 20KV SUTM PLN electricity while working as a construction worker at Haji Idris' house," said Tatak, Friday (4/3/2022).</p>	1 person died
17 Mar 2022	<p>The police investigated the incident of a work accident that occurred at the Semen Indonesia Tuban factory. One worker died in the accident. Previously, a worker at the Semen Indonesia factory in Tuban, East Java, fell to his death from the fourth floor while installing scaffolding at the Tuban III factory site.</p>	1 person died
21 Mar 2022	<p>Two construction project workers died as a result of being hit by a cast crane in the area of Jalan Sutera Barat, Panunggang, Pinang District, Tangerang City, Banten.</p> <p>It is known that the 2 people with the initials EA (23) and J (28) are workers from a campus development project.</p> <p>"Around 11 o'clock on Saturday, the two victims were cutting iron," said the Head of Public Relations of the Tangerang Metro Police, Kompol Abdul Rachim, to MNC Portal, Monday (21/3/2022).</p> <p>"Suddenly, the rope from the cast baking crane operator who was operating with a weight of 2 tons broke, and it fell on 2 workers who were cutting iron," he continued.</p> <p>As a result, the two victims immediately died at the scene.</p> <p>In addition to the death toll, it is known that there were 2 other victims who were rushed to the hospital, known as WP (20) and AM (28)..</p>	2 persons died 2 injured
19 May 2022	<p>The Nganjuk Resort Police (Polres) suspects that a plastic factory worker named M Zainal (34) died as a result of a work accident due to slipping while cleaning a production machine. The victim was found by the Nganjuk Police in an injured condition lying under a machine in a plastic factory located in Desa Sambirejo, Tanjunganom District, Nganjuk, East Java (East Java). Based on the testimony of a number of witnesses, the work accident started when M. Zainal and his co-worker, MSM (19) were cleaning the production machine (pet) from wire waste and sacks that were involved in the screw parts of the machine.swipe.</p>	1 person died
21 May 2022	<p>The Sleman West Depok Sector Police (Polsek) stated that a male worker was electrocuted causing him to bounce and fall while working on a shop building project. 21/5/2022)," said the West Depok Sleman Police Chief Kompol Mega Tetuko, Sunday (22/5/2022). From the electric shock experienced by the male worker, he suffered 70% burns spread from the chest to the feet. The victim is a resident of Karang Luhur, Kretek, Wonosobo Regency, Central Java</p>	1 worker burnt down

19 may 2022	The Kudus Resort Police (Polres), Central Java, is still investigating a work accident that happened to a worker and died on Sunday (22/5/2022) at 16.40 WIB. This happened due to a fire in the boiler engine at PG Rendeng Kudus on Thursday (19/5/2022).	1 person died
04-Jun-22	The Bogor City Fire Department reported that The Mirah Hotel experienced a fire, allegedly due to a problem with the electricity supply on the 1st floor ceiling on Saturday (4/6/2022) at 16.20 WIB. underneath which the hotel manager knows.	fire
07-Jun-22	PT PCI Elektronik Internasional suspended the company's operational activities on Wednesday (8/6/2022) due to a fire on Tuesday (7/6/2022) at around 20.30 WIB because the company's building was burnt down.	Fire Building burnt down
10-Jun-22	A heavy equipment operator D85E-SS (Bolldozer) PT Paser Buen Kesong (PBK) is suspected to have died in a work accident at a coal mine on the concession area of the Special Mining Business Permit (IUPK) PT Kendilo Coal Indonesia (KCI) in Lolo Village, Kuaro District, Paser Regency on Friday (10/6/2022). Aliyas Wiranata died during working hours, allegedly due to a collision with the undercarriage component when the unit normally operated was undergoing repairs.	1 person died
21 Jun 2022	A construction worker in Mamuju Regency, West Sulawesi named Muhammad Akil (20), died tragically after being struck by lightning, Tuesday (21/6/2022). The unfortunate incident occurred on Jalan Pattalundru, Binanga Village, Mamuju District, Mamuju Regency at around 14.00 WITA.	1 person died
25 Jun	Six workers at a wood processing factory in Gresik suffered serious burns when a blower exploded. This work accident occurred at PT Mitra Hadina Sejahtera on Jalan Damo Sugondo, Kebomas District. The explosion that started the fire made the workers panic and fled. The blower spits out quite a large amount of fire. Six injured workers were rushed to the Semen Gresik Hospital.	6 injured
24 May 2022	"We are conducting an examination of the witnesses including the forklift operator," said the Director of General Criminal Investigation of the West Papua Police, Kombes Pol Novie Jaya on Tuesday (24/5/2022). the forklift that hit the victim was dragged as far as three meters. From this action, no suspects have been identified and detentions have been made.	1 severely injured
27 May 2022	Two workers were found dead allegedly having run out of oxygen in a culvert on the side of Jalan Lintas Sumatra (Jalinsum) Simpang Kayu Besar, Tanjung Morawa District, Deliserdang Regency, North Sumatra (North Sumatra) on Friday 27 May 2022, afternoon. The two victims who died, namely Mahadi (55) and Kristiandi (42), were both residents of Medan. The two victims died allegedly because they were trapped in a sewer and had run out of oxygen.	2 persons died
03-Jun-22	The Candisari Sector Police (Polsek) stated that a construction worker with the initials MS (41) had a work accident and died due to electric shock on Friday (3/6/2022) at 11.10 WIB. At that time the victim and his co-workers were carrying out renovation work in a two-story house. which is located on Cinde Street, Candisari District, Semarang City, Central Java (Central Java).	1 person died

09-Jun-22	The Tanjungpinang Search and Rescue (SAR) stated that a PT McDermott Indonesia worker, Batam City, Riau Islands (Kepri), died while carrying out work activities on Thursday (9/6/2022). This worker named Jaka Triadmaja Sembiring (22) fell into the sea when welding on the edge of the wharf. The victim also disappeared in the waters of the McDermott pier. We suspect that he committed suicide. He jumped into the sea after climbing the project fence," he said. From the CCTV footage, Jaka Triadmaja Sembiring can be seen going and climbing the fence and then jumping into the sea. At that time, Jaka Triadmaja Sembiring was not working because of his break time.	1 died
10-Jun-22	A heavy equipment operator D85E-SS (Bolldozer) PT Paser Buen Kesong (PBK) is suspected to have died in a work accident at the coal mine of the concession area for the Special Mining Business Permit (IUPK) PT Kendilo Coal Indonesia (KCI) in Lolo Village, Kuaro District, Paser Regency on Friday (10/6/2022). He is a subcontractor worker since November 2021 named Aliyas Wiranata, 56 years old who is a resident of Tanah Grogot Village, Tanah Grogot District, Paser Regency. repair.	1 died
21-Jun-22	An employee of PT Padi Hijau Buana (PHB) as a vendor of PT HM Sampoerna in Karawang International Industry City (KIIC) died due to a work accident. However, this has not been reported to the Karawang Regency Manpower Office (Disnakertrans). " said a source who did not wish to be named. The director of PT HM Sampoerna, Elvira Lianita, expressed her condolences for the incident and would fully hand over the investigation process to the Karawang Resort Police (Polres).	1 doed
23-Jun-22	The victims who died were named Afatar Febian Ardiansyah (23) from Manduro Manggunggajah Village, Ngoro District and Bambang Arif Purwanto (40) from Kalidawir Hamlet/Village, Tanggulangin District, Sidoarjo Regency. Fuso L 9396 UK, on Thursday (23/6/2022) around 21.00 WIB. (Previous information stated that two workers died while cleaning the tank of the Fuso L 9396 UK truck, the remaining liquid waste in the HAN Area.	3 persons died
24-Jun-22	The Mojokerto Resort Police (Polres) received reports of two dead workers and two survivors who were employees of PT Hijau Alam Nusantara (HAN) on Friday (24/6/2022) at 2.30 WIB. which is located in Manduro Manggung Gajah Village, Ngoro District, Mojokerto. "Four victims, two people died, two others survived to be treated at Prof Dr Soekandar Hospital," said Mojokerto Police Chief AKBP Apip Ginanjar last weekend.	2 died, 2 injured
24-Jun-22	The Bayeun Village Administration, Rantau Selamat Subdistrict, East Aceh stated that a worker named Saiful Amir (41) died on Friday (16/7/2022) at around 10.00 WIB. Previously, he had undergone medical treatment at the Bina Kasih Hospital in Medan. , North Sumatra (North Sumatra) since Friday, June 24, 2022, such as four operations due to burns of 85%. "The work accident occurred on Friday June 24, 2022," said Bayeun Village Head, Anwar on Saturday (16/7/2022).).Saiful Amir suffered burns due to being embedded with hot ash until critically with his colleague named Effendi (52) with burns of 65%. Both of them did not wear Personal Protective Equipment (PPE) such as special anti-heat clothing while working because it was not provided by their workplace . They work in Palm Oil Processing (PKS) Cooperative Prima Jasa (KPJ).	1 person died

26-Jun-22	The Committee for Occupational Safety and Health (OSH), Federation of Trade Unions, Confederation of Prosperous Indonesian Labor Unions (KSBSI) Bengkayang Regency regrets that a work accident occurred at PLTU 3 Dusun Tanjung Gundul on Sunday (26/6/2022) at around 4.00 WIB. This resulted in the death of one person and three injuries, so they had to be taken to the Abdul Aziz Hospital Singkawang.	1 person died, 3 persons injured
28-Jun-22	The Setiabudi Sector Police (Polsek) is still investigating the leaked water reservoir of the light rail transit (LRT) project on Jalan HR Rasuna Said, South Jakarta (South Jakarta) on Tuesday (28/6/2022) at 16.25 WIB. From this incident there were five victims, namely three motorists, one passing car, and two project workers only suffered minor injuries. "There are five victims in the hospital. Three men, two women," said Setiabudi Metro Police Chief Kopol Agung Permana. The injured victims were taken to the Metropolitan Medical Center Hospital (MMC Hospital) and asked for further information for a police report. There were three witnesses who saw the incident, namely the victim, the security guard, and the project employee.	5 persons injured
30-Jun-22	The Madiun City Resort Police (Polresta) suspects that two male workers at the Rejo Agung Baru Madiun Sugar Factory (PG) died in a work accident because they were electrocuted while digging a culvert in the sugarcane factory waste area. But for further matters, we are still investigating," said Head of Criminal Investigation Unit of Madiun City Police, AKP Tatar Hernawan on Thursday (30/6/2022).	2 died
30-Jun-22	The Indonesian Coastal Community Empowerment Advocacy Network (JARI) requested an investigation by law enforcement officers (APH) on work accidents at PT Gunbaster Nickel Industry (GNI). The reason is, two workers died due to work accidents during the past week, namely on Wednesday (6/7/2022) at 2.00 WIB and Thursday (30/6/2022). The worker who died on July 6 2022 named Alif Rahman (21) in the furnace crew in smelter one . He had only worked there for two weeks and six days. According to the report from the HSE Watch Officer, Akbar Abbas, it was stated that at the time of the disposal of sleg from the six stoves in smelter one, five workers, including the victim, were carried out. At the time of draining the sleg, the victim sat beside the hydraulic engine lever. Furthermore, after closing the sleg door, the victim was declared missing, only a helmet was found in the sleg disposal path, while shoes were found at the edge of the sleg disposal puddle.	2 persons died
04-Jul-22	The Tulakan Sector Police (Polsek), Pacitan Regency, Central Java (Central Java) reported that four people had work accidents at a copper mine in their area. Of these, one person died and three were injured. They had a work accident after having lunch and resting in a mining tunnel. "Stone and earth materials hit the victim's head and feet. Then the witness screamed for help and the victim was rushed to the Ngadirojo Health Center," said Tulakan Police Chief AKP Umaryono on Monday (4/7/2022).	1 died 3 injured
10-Jul-22	The Mojokerto Resort Police (Polres) stated that the death toll was due to a work accident while cleaning a tank of leftover liquid waste at PT Hijau Alam Nusantara (HAN) in Manduro Hamlet, Manduro Manggunggajah Village, Ngoro District, Mojokerto Regency, adding one person. Manduro this afternoon at 14.00, brother Muhamad Rizal Said died," said Head of Criminal Investigation Unit of the Mojokerto Police, AKP Gondam Pringgodani on Sunday (10/7/2022). The victim was a worker named M. Rizal Said (27) from Manduro Manggung Gajah Hamlet/Village , District Ngoro.	

14-Jul-22	Sugar Factory (PG) Asembagus, Situbondo, East Java confirmed that one of its vender workers had a work accident in which his right arm was cut off as a result of being crushed by a dregs cleaning machine from the Convayer mill. "Maybe the victim slipped and his hand was crushed. Currently the victim is being treated at Elisabeth Hospital. His condition is improving, but his hand is broken," said PG Asembagus's Public Relations Section, Bimo on Thursday (14/7/2022).	1 person injured
14-Jul-22	The Sector Police (Polsek) stated that one worker died as a result of a work accident due to an explosion while filling a light fire extinguisher (APAR) on Thursday (14/7/2022) at 13.00 WIB. His initials SJ is 55 years old who is a resident of Ploso, Tambaksari, Surabaya, East Java (East Java). "After arriving there, we conducted a TKP (crime scene) examination by Inafis. It is true that a person was found lying on the top of his head with an open state," said the Head of the Criminal Investigation Unit of the Tambaksari Police, Iptu Agus Yogi to Kamus (14/7/2022).	1 person died
18-Jul-22	Sugar Factory (PG) Asembagus brought Edi Santoso (39) who was a victim of a work accident in which his arm was severed due to being run over by a conveyor machine to the hospital (RS) in Jember, East Java (East Java). , not up to the shoulder. As for the hands, they can no longer be connected," said Public Relations of PG Asembagus, Bimo at the end of last week.	1 person injured
19-Jul-22	Previously, the Pertamina Patra Niaga tanker truck hit a number of motorists and cars on Jalan Alternative Transyogi, Bekasi City on Monday (19/7/2022) at around 16.00 WIB, allegedly due to a failed brake. That's from the signs at the TKP, there are no brake marks," said Dirgakkum of the National Police Korlantas Brigadier General Aan Suhanan. ."We wait	11 person died
20-Jul-22	The Provincial Government (Pemprov) of Special Capital District of Jakarta is evaluating the revitalization project for TransJakarta shelters around vital infrastructure after the leak of a pipeline belonging to the State Gas Company (PGN) on Jalan MT Haryono, Tebet, South Jakarta (Jaksel). Our technicians ask us to be more careful at work," said Special Capital District of Jakarta Deputy Governor Ahmad Riza Patria in Jakarta on Wednesday, July 20, 2022. Relevant parties are asked to follow up on his orders so that this incident does not happen again later. On a separate occasion the Secretary The company PT Waskita Karya (Persero) Tbk, as the implementing contractor, Novianto Ari Nugroho responded that the incident occurred during the erection work which resulted in a leak of PGN's pipe. The project team has coordinated with related parties, namely PGN, to close valves, repair leaking pipes, and sterilize work areas.	Damaged pipes
21-Jul-22	Angkasa Pura (AP) I stated that the pilot of Citilink Indonesia flight number QG307 to Surabaya (East Java) Makassar (South Sulawesi) or SUB-UPG Captain Boy Awalia died. This happened after the plane he was piloting made an emergency landing at Juanda International Airport, Surabaya on Thursday (21/7/2022).	1 person died
23-Jul-22	Pupuk East Kalimantan (PKT) is still investigating the cause of the explosion that occurred at factory 5 located in Bontang, East Kalimantan on Saturday (23/7/2022). From this, information was obtained that there was no toxic gas and no casualties from the factory 5 explosion. Although Thus, factory 5's operations were temporarily suspended. "The current condition of 5 PKT factories is observed to be conducive," said PKT's Senior Vice President (SVP) Corporate Secretary, Teguh Ismartono, Monday (25/7/2022).	Explosion

25-Jul-22	A foreman named Mohamad Amin (41) from PT Weltes died as a result of a work accident during the construction of PLTU Timor I Kupang in Lifuleo Village, West Kupang District, Kupang Regency, NTT on Monday (25/7/2022) evening. This happened when the victim wanted to inspected the workers who were on the scaffolding platform with a height of about 13 meters	1 person died
31 Jul 2022	Two workers died after falling from the 2nd floor of the Mampang Sports Arena (GOR), South Jakarta on Sunday, July 31 2022 yesterday. Currently, the police are investigating the deaths of two rehab workers in the building.. "According to such information, one person died at the location and another died at the hospital. The police are currently handling it," said Mampang Sub-District Head, Ujang Hermawan when confirmed, Monday (1/8/2022). According to him, there was also an iron building at the Mampang Sports Hall that also fell and hit a car at the sports center, causing it to crash. Even so, he could not confirm whether the two workers died due to a work accident, whether the two workers were equipped with safety guards or not.	2 persons died
4 Aug 22	The Semarang City Fire and Rescue Service (Damkar) rescued a factory worker who had an accident in which his left hand was crushed. This happened when his hand was caught in an iron plate pressing machine while working at a building equipment production factory. The victim's hand was caught by the machine. the iron plate press started when the victim wanted to print an iron plate using a press machine that was in the shape of a small square. This machine has two operational buttons on the right and left which are the operating system of the press machine.	1 person injured
12-Aug-22	District Disaster Management (P2BK) Sukalarang stated that a fire occurred at a sewage treatment plant in Dangdeur Village, Sukabumi Regency, West Java on Friday (12/8/2022) at around 17.00 WIB. community settlements so that the fire does not spread to the houses of residents around the warehouse," said Sukalarang District Disaster Management Officer (P2BK) Ade Dior in Sukabumi, Friday (12/8/2022).	pollution
15 Aug 2022	A man was crushed to death in the elevator of a shophouse at Taman Surya 1, Grogol Petamburan, West Jakarta, on Monday (15/8/2022). Tanjung Duren Police Chief, Kompol Muharam Wibisono said the incident occurred at around 17.00 WIB. At that time, the victim with the initials S (54) and 3 other workers were doing renovations at the shophouse. "Well, these 4 victims have their own duties. Some are installing machines, right, the shop is being renovated, the printing shop. Now, that's a freight elevator. 1 person died.	1 person died
18-Aug-22	The Sragen Resort Police (Polres) stated that a worker died as a result of a work accident due to being pinched by a conveyor at CV Bricon's lightweight brick factory in Karangasem Hamlet, Banaran Village, Connectmacan District, Sragen Regency, Central Java (Central Java) on Wednesday (10/10). 8/2022).	1 person died
21 Aug 2022	A foreign worker (TKA) at PT Batang Toru Hydroelectric Power Company (PLTA), South Tapanuli Regency (Tapsel), North Sumatra (North Sumatra) named Wang Jian died when a rock fell on him. According to information obtained from the police, the incident began on Sunday (21/8/2022), at around 08.00 WIB. At that time, the victim and his team installed a tenol point in the Adit 1 tunnel of PT PLTA Simarboru, Luat Lombang Village, Sipirok District.	1 person died

22-Aug-22	The Bengkulu Resort Police (Polres) suspects that the fire at the KM 8 Public Fuel Filling Station (SPBU) Gading Cempaka District originated from pertalite-type fuel filling in a minibus that has a modified tank. The incident occurred at 20.00 WIB and the fire appeared from under the minibus when refueling," said Bengkulu Police Chief AKBP Andi Daddy Nur Cahyo in Bengkulu on Monday (22/8/2022).	Fire
25-Aug-22	The Central Jakarta Metro Police (Polres) stated that one out of two workers died as a result of a work accident when they were hit by a falling elevator, allegedly due to a broken elevator tie cable at a curtain shop on Jalan Pintu Air, Pasar Baru on Thursday (25/8/2022) "When two employees were about to move items in the form of a roll of cloth from the fourth floor to the first, as soon as they entered the elevator, it didn't take long for the elevator to fall," said Kapolres Metro Jakpus Kombes Pol Komarudin on Thursday (25/8/2022)	2 died
31-Aug-22	The leaders of the house of Representatives (DPR RI) asked the government to review the operational hours of large trucks after a large truck accident which resulted in ten fatalities in Bekasi, West Java (West Java) on Wednesday (31/8/2022). The Ministry of Transportation (Kemenhub) asked the Ministry of Transportation (Kemenhub) to enforced when residents' activities are quiet and trucks are checked on a regular basis. "Immediately evaluate the operating hours of large trucks, especially in congested areas. Try, for example, operating hours are set at night, starting at 22.00 WIB until 5.00 WIB," Deputy Speaker of the DPR RI Abdul Muhaimin Iskandar said in Jakarta on Wednesday, 31 August 2022. In this deadly accident, at least 30 people were recorded as victims, as many as 10 victims of whom died.	Traffic accident 10 persons died 20 injured
05-Sep-22	The Palu branch of the State Electricity Company (PLN) stated that five workers died and two workers were injured by the contractor as a result of not implementing work safety and security standards when working on street lighting on Jalan Soekarno Hatta, Palu, Central Sulawesi. "Some even only used flip-flops. The work is one-sided," said the Head of the Palu Branch Public Road Lighting Section for PLN, Ika Safitri on Monday (5/9/2022). Moreover, the work on street lighting was carried out by a contractor without coordinating with PLN. Any work that is close to a power pole must be submitted to PLN because it has a high risk.	5 meniggal, 2 injured
07-Sep-22	The Gunungkidul Resort Police (Polres), Special Region of Yogyakarta (DIY) stated that a worker had a work accident in the form of a severed right leg at a limestone mill in Padukuhan Ngrombo, Kalurahan Bedoyo, Kapanewon Ponjong on Wednesday (7/9/2022) afternoon. When inserting the stone, the victim's right foot fell into the mouth of the stone mill machine," said the Head of Public Relations Sub-division of the Gunungkidul Police, AKP Suryanto, Friday (9/9/2022).	1 person injured
8 september 2022	Four traditional gold miners were found dead in a mining pit with a depth of about 40 meters in Lebong Regency, Bengkulu Province. They allegedly ran out of oxygen in that place. The head of the Lebong Resort Police, Adjunct Senior Commissioner of Police Awilzan, said the four traditional gold miners were found by residents on Thursday, September 8, 2022 at around 04.00 WIB in the Tik Aseak mine pit, Ketenong I Village, Pinang Belayar District, Lebong Regency. "The four victims who died are thought to have been caused by running out of oxygen while in a 40-meter-deep hole," he said as quoted by Antara.	4 persons died

12-Sep-22	Indorama Synthetics admits that he experienced leakage of factory waste which resulted in a pungent odor and pollution of the Cikembang River in Kembang Kuning Village and Bunder Village, Jatiluhur District, Purwakarta Regency, West Java (West Java). "This is our fault, we admit it. The leak caused an odor in one place so that when there is wind it is carried away, if there is large water it is carried by the current," said General Manager Human Resources Department and General Affairs (HRD and GA) of PT Indorama Synthetics Tbk, Aliaman Saragih on Monday (12/9). /2022).	pollution
14-Sep-22	The South Jakarta Fire and Rescue Agency (Sudin Gulkarmat Jaksel) revealed two victims of the fire at the Ministry of Villages, Development of Disadvantaged Areas and Transmigration (Kemendes PDTT) building on Jalan Taman Makam Pahlawan (TMP) Kalibata, South Jakarta on Wednesday (14/9/2022) "Two victims, Jonih (53) and Jaya Putra (49)," said South Jakarta Gulkarmat Sub-dept. Officer, Paryo, in Jakarta on Thursday (15/9/2022).	2 injured
22-Sep-22	<p>The Bondoala Police Precinct (Polsek) stated that a worker died due to a work accident in the form of being run over by a heavy equipment loader inside the ore smelter 3 PT Obsidian Stainless Steel (OSS) warehouse on Thursday (22/9/2022) at around 01.21 WITA. The weight of the loader is PR," said Bondoala Police Chief, IPTU Kadek Sujayana on Thursday (22/9/2022). The chronology of the incident began when loader number NT3 116 driven by PR was in the area for coal filling on the ore funnel Line 21.</p> <p>The car carrying ore passed behind the loader and the loader's work area in the area was cramped due to the pile of ore.</p> <p>"While the loader was waiting for the car that had finished spilling ore and left the location, the victim was in a position to control the car that had spilled ore and was still behind the loader," he said.</p> <p>Then, the loader driven by PR retreated to pick up coal again and the operator did not know that the IR victim was still behind the loader, so that when he reversed, the victim was run over by the loader.</p>	1 person died
22-Sep-22	The Bondoala Police Precinct (Polsek) stated that a worker died due to a work accident in the form of being run over by a heavy equipment loader inside the ore smelter 3 PT Obsidian Stainless Steel (OSS) warehouse on Thursday (22/9/2022) at around 01.21 WITA. the weight of the loader is PR," said Bondoala Police Chief, IPTU Kadek Sujayana on Thursday (22/9/2022). OSS's ore smelter warehouse is located in the Morosi Mega Industrial Estate, Konawe Regency, Southeast Sulawesi (Sultra).	1 person died
23-Sep-02	The Gresik Resort Police (Polres) stated that a worker who served as a truck driver died due to a work accident in the form of falling wood. He was an employee of the LJT Bangkit Group named Permadi Wahyu Alam (28) who was a resident of Sambeng Village, Lamongan Regency, East Java (East Java). died at the scene after being hit by log N in the loading and unloading area of PT Surya Alaska. The company is located at Jalan Segoromadu Industri Number 88, Ngargosari Village, Kebomas District, Gresik on Friday (23/9/2022).	1 person died

(Source: Isafety Magazine 2022)

ATTACHMENT IV

Data on OSH programs/activities of the Ministry of Manpower

A. Data on OSH Functional Development and Functional Examiner Programs

Program and Activity

No.	Contribution in OSH	Achieved Programs /Activities	Challenges and Obstacles	Planned Followup for OSH Improvement
1.	Policies Regarding the Functional Positions of Labor Inspectors and OSH Examiners	Regulation of the Minister of Manpower regarding Service Uniforms for OSH Examiners	In process of principle permit to KemenPANRB for Official Apparel for OSH Examiners Functional Officers	Coordination with MenPANRB
		Guidelines for Competency Test for Functional Positions of OSH Examiners		Finalization
		Guidelines for Basic Education Functional Positions of Labor Inspectors		Finalization
2	Programs / Activities (data attached)	Basic Training of Functional Positions of Labor Inspectors	5 Forces –Pending Maters PPDSM	On Progress
		OSH Examiner Basic Training	1 Force -PPDSM PPDSM	On Progress
		Labor Inspector Competency Test	59	Until June 2022
		OSH Examiner Competency Test	10	Until June 2022
		DUPAK Assessment of Functional Positions of Labor Inspectors and OSH Examiners		On Progress

Outcome

No.	Name of Activities	Detailed Outcome	Number	Note
1	Labor Inspection and OSH	a. Labor Inspector Competency Test	177	Persons
		b. OSH Examiner Competency Test	24	Persons
		c. DUPAK Assessment of Functional Positions of Labor Inspectors and OSH Examiners	150	Dupak files
2	Preparation of Decision of the Director General No. 5/74/HK.06/VIII/2021		1	Guidelines for Credit Scores for Functional Positions of Labor Inspectors
3	Preparation of Decision of Director General No. 5/93/HK.06/IX/2021		1	Guidelines for K3 Functional Position Credit Scores
4	Preparation and Discussion of Adjustment of Functional Position Classes for Labor Inspectors and OSH Examiners		1	MenPAN & RB Letter Number B/1489/M.SM.04.00/2021
5	JF Labor Inspector data update	Total	1519	Persons
		a. First Level	287	
		b. Junior Level	823	
		c. Intermediate Level	409	
6	JF OSH Examiner data update	Total	164	Persons
		a. First Level	58	
		b. Junior Level	55	
		c. Intermediate Level	51	

(Source: Directorate of Labor Inspectors and OSH Examiners, Directorate General of Manpower and OSH Inspection, the Ministry of Manpower of the Republic of Indonesia. 2022)

B. Data on Activities of the Technical Executing Unit (UPTP) of OSH Center

1. Data on OSH Centers in Indonesia

No.	Name of Center	Address	Phone/Fax
1.	UPTP Balai Besar K3 in Jakarta	Jl. A Yani No. 69-70 Cempaka Putih – Central Jakarta 10510	Phone: (021) 4246335 Fax: (021) 4209114, 4245810
2.	UPTD Balai Hiperkes and KK Surabaya	Jl. Dukuh Menanggal No. 122 Surabaya 60234	Phone: (031) 8280440, 8294490 Fax: (031) 8294277
3.	UPTP Balai K3 Makassar	Jl. KH. Abd. Jabar Akhsiri No. 35 Km. 17 Makassar	Tlp : (0411) 4813186 Fax: (0411) 4813018
4.	UPTP Balai K3 Bandung	Jl. Golf No. 34 Ujung Berung – Bandung 40294	(022) 7834262
5.	UPTP Balai K3 Medan	Jl. Medan – Belawan Km. 11,5 No. 64 Medan – Sumut	Tlp : (061) 6853224 Fax: (061) 6850262
6.	UPTP Balai K3 Samarinda	Jl. Sentosa No. 09 Samarinda	Phone: (0541) 732941 Fax: (0541) 771306
7.	UPTD Balai Hiperkes and KK Prop. West Nusa Tenggara	Jl. Majapahit No. 70 Mataram – NTB	(0370) 636365, 632012
8.	UPTD Balai Hiperkes and KK, Special Capital District of Jakarta	Jl. A Yani No. 69-70 Cempaka Putih – Central Jakarta 10510	(021) 4209820, 4240284
9.	UPTD Balai Hiperkes and KK, West Sumatra	Jl. Khatib Sulaiman No. 25 Padang 25137	Phone: (0751) 7054931 Fax: (0751) 705493
10.	UPTD Balai Hiperkes and KK, South Sumatra	Jl. A Yani No. 106 Ulu, Palembang 30265	(0711) 511607
11.	UPTD Balai Hiperkes, Bangka Belitung	Jl. Sungai Selan Km. 15 Pangkal Pinang	(0717) 423461
12.	UPTD Balai Hiperkes and KK, Lampung Province	Jl. Beringin II No. 10 Teluk Betung – Bandar Lampung	(0721) 240639, 470534
13.	UPTD Balai Hiperkes and KK, Bengkulu	Jl. Indragiri No. 1 Padang Harapan – Bengkulu	(0736) 342422
14.	UPTD Balai PPKK and Hiperkes, Central Java Province	Jl. Ngresap Barat III No. 44, Semarang 50235	Phone: (024) 76482420, 7474495, Fax: (024) 7465758
15.	UPTD Balai Hiperkes dan KK DI Yogyakarta	Jl. Ireda No. 38, Jogjakarta	Phone: (0274) 371716 Fax: (0274) 885036
16.	UPTD Balai Hiperkes dan KK, West Kalimantan	Jl. A Yani No. 1 Pontianak 78121 – West Kalimantan	(0561) 762036

17.	UPTD Balai Hiperkes and KK, South Kalimantan	Jl. Brigjen H Hasan Basry No. 56 Banjarmasin 70123	(0511) 3304312
18.	UPTD Balai Hiperkes and KK, North Sulawesi	Jl. Tujuh Belas Agustus – Manado 95113	(0431) 8643097
19.	UPTD Balai Hiperkes and KK, Maluku	Jl. Leo Watimena – Passo, Ambon 97232	(0911) 362236, 3303326, 363336
20.	UPTD Balai Hiperkes and KK, Bali	Jl. Raya Puputan Niti, Mandala – Denpasar 80361	(0361) 225561

OSH CENTERS THROUGHOUT INDONESIA

CP BALAI K3 SELURUH INDONESIA			
No	Nama	Asal Daerah	No HP
1	Diana Andriani Satriadi, ST	Balai B P K3 Makasar	0813 4231 7660
2	Oktaviani, Amd. AK	Balai K3 Bandung	0852 1102 4447
3	Elin Erliani	Balai K3 Medan	0813 1729 1591
4	Tri Yudika	Balai K3 Samarinda	0821 7986 8062
5	Sri Widodo, M.Kes	Balai K3 Surabaya	0813 3537 3454
6	Dwi Rahmawati	UPTD DKI Jakarta	0898 8960 176
7	Farida, S.Si	UPTD Sumatera Barat	0812 6634 970
8	Herry Susanto, A.Md	UPTD Sumatera Selatan	0852 7351 8666
9	Hendra Ginanjar, AmKL	UPTD Bangka Belitung	0821 8283 9147
10	Budi Asmarani, S.Si	UPTD Lampung	0815 4086 4257
11	Evi Rahmawati, S.Kom	UPTD Bengkulu	0813 6793 3619
12	Tutik Tusmiyati, ST. M.Kes	UPTD Jawa Tengah	0858 6532 2168
13	Rudy Setiawan	UPTD DI Yogyakarta	0857 2915 3510
14	Bambang Prastiawan, ST.,MM	UPTD Kalimantan Barat	085252498464
15	Rina Twinasty, S.Si	UPTD Kalimantan Selatan	0821 5535 4090
16	Terry Marlina Runtu	UPTD Sulawesi Utara	0813 4008 3270
17	Chetsina A. Sahertian, S.Si	UPTD Maluku	0812 4048 799
18	I Made Sudiawan, ST.	UPTD Bali	0813 3850 7675
19	Kadek Yogi M.	UPTD NTB	0818 0376 0254

2. Data on OSH Center Programs in Jakarta

a. Contribution in OSH

No.	Contribution in OSH	Achieved Programs / Activities	Challenges & Obstacles	Planned Followup for OSH Improvement
1.	Programs / Activities (data attached)	a. OSH testing services (OSH Testing Laboratory Services), 82 Business Entities	Quality and Quantity of Human Resources in Laboratory Services is still lacking	Providing K3 Testing / Inspection Guidance for Laboratory Human Resources and proposing additional HR
		b. Corporate Hygiene and Occupational Health and work accident Training for Company Doctors (PNBP) at 3 Institutions	The quality and quantity of teaching human resources is not evenly distributed in the OSH personnel training and improvement services	Provide Training of Trainers for self-development as resource persons related to OSH and Improving the quality of knowledge internationally
		c. Work environment testing services in work areas of 313 Business Entities	The quality and quantity of human resources in laboratory services and work	Provide HSE Testing / Inspection Guidance for Laboratory

			environment testing to companies is still lacking	Human Resources and propose additional HR
2	OSH Excellence Programs and/or Best Practices	Corporate Hygiene and Occupational Health and Occupational Health Training for company doctors Covid-19 Emergency Hospital (RSDC) in 2021 Paramedics 3 batches (90 doctors) batch 50 people) Doctors 1 batch (50 people)	Based on the need to increase the competence of K3 human resources, doctors and paramedics who are tasked with being the frontline in handling the COVID-19 pandemic	Provide training on Hyperkes and Occupational Health for Doctors and Paramedics at the RSDC
3	Additional Program	Health Checks for Workers for Drivers of Goods Transport, Logistics Transport and Online Drivers 200 Drivers	Socialization on Safety Driving and health checks for Kindergarten drivers and fatigue checks	Free Occupational Health Checks for Workers
4	Building OSH Promotion and Building coordination and cooperation with Tri Sakti University	Tri Sakti University, Eleven March University (UNS), STIKES Cirebon, labor polytechnic, AKAMIGAS Balongan	OSH Practicum Improving HR Practicum on OSH	OSH Practicum to improve HR on OSH

b. Data on OSH Outcome until December 2021

No.	Name of Mnistries/ Agencies and Name of Activity	Detailed Outcome	Number	Note
1.	OSH Services	a. OSH Testing Institutions that meet Service Standards	279 Agencies	Impeded by Covid-19 Pandemics
		b. Companies that get K3 test services, work environment and company hygiene	413 Companies	Impeded by Covid-19 Pandemics
		c. OSH Laboratory Equipment Services	4 Services	Impeded by Covid-19 Pandemics
2	Others	a. Fulfilling ISO 17025 Registration	5 Test Parameters	
		b. Fulfilling the ISO 9001:2015 quality standard	Fulfilled	

3. Data on Programs by Medan OSH Center

a. Contribution in OSH

No.	Contribution in OSH	Achieved Programs / Activities	Challenges & Obstacles	Planned Followup for OSH Improvement
1.	Related Resources available	<ul style="list-style-type: none"> HR : 36 employees, Sarpras has physics, chemistry, biology, ergonomics and occupational health labs with the support of ISO 17025 accreditation with 17 test parameters and Budget around 10 M 		
2.	Programs / Activities (data attached)	<ul style="list-style-type: none"> 2020 work psychology testing 3,300 respondents 2021 biology testing 		
3.	OSH Excellence Programs and/or Best Practice	Testing is primarily an accredited work environment and performs thematic		

b. Data on Outcome of OSH Activities until December 2021

No.	Name of Activity	Detailed Outcome	Number	Note
1	OSH Services	Test Services	806 companies	Examination of the biological factors of bacteria and fungi in the working environment of 500 companies, found 87 companies above the specified conditions
				Hand swab examination for 184 employees in 184 food processing/service companies found 58 employees who were found to have exceeded the requirements
		Test Services	806 companies	
		OSH training and socialization	68 companies	

		OSH Webinar	583 participants	
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(Source: Medan OSH Center, the Directorate General of Labour Inspection and OSH-the Ministry of Manpower of the Republic of Indonesia, 2022)

4. Data on Programs by Makassar OSH Center

a. Contribution in OSH

No.	Contribution in OSH	Achieved Programs / Activities	Challenges & Obstacles	Planned Followup for OSH Improvement
1.	Programs / Activities (data attached)	a. Ergonomic Examination of 276 Companies	On process	
		b. Examination of the work environment in 276 companies	On process	
		c. OSH assessment of 45 car dealers	On process	
		d. Socialization of OSH in Vocational Schools in 15 districts (30 Vocational Schools)	On process	

b. Data on Outcome of OSH Activities until December 2021

No.	Name of Activity	Detailed Outcome	Number	Note
1.	Pelayanan K3	a. February 2021 National OSH Seminar	75 persos	
		b. Free Medical Checkup in the framework of the 2021 National OSH month		
		• Doctor's Physical Examination	39 persons	
		• Urine Examination	32 persons	
		• Blood chemistry examination	36 persons	
		a. Health and Safety Training for Company Paramedics Batch 1	29 persons	Held online, on 07 – 12 June 2021
		b. Health and Safety Training for Company Paramedics Batch 2	33 persons	Held online on 4-10 October 2021
		c. Health and Safety Training for Company Paramedics Batch 3	40 persons	Held online on 22-27 November 2021
		d. Health and Safety Training for Company Paramedics Batch 4	56 persons	Held online on 06-11 December 2021

	e. Examination of the work environment in the company	133 companies	PNBP
	f. Environmental and occupational health checks in the company	430 companies	DIPA

(Source: Makasar OSH Center, the Directorate General of Labour Inspection and OSH -the Ministry of Manpower of the Republic of Indonesia, 2022)

5. Data on Programs by Samarinda OSH Center

a. Contribution in OSH

No.	Contribution in OSH	Achieved Programs / Activities	Challenges & Obstacles	Planned Followup for OSH Improvement
1.	Related Resources Available	<p>1. Number of HR Center for K3 Samarinda:</p> <ul style="list-style-type: none"> • Structural Officer = 2 people • OHS examiner = 10 people • Administrative Position = 12 people • PPNNP employees = 18 people <p>Total = 42 people</p> <p>2. Test Parameters:</p> <ul style="list-style-type: none"> • Physical factors: noise, lighting, working climate, vibration, UV radiation, electromagnetic radiation, grounding and lightning rods • Chemical factors: dust, Cox, Nox, Sox, Ox, Pb, Hc, BTX, Odor, KUDR • Microbiology (number of bacterial and fungal colonies) • Occupational Health: ergonomics, audiometry, spirometry, cholinesterase, work fatigue, work stress and work nutrition • Industrial Sanitation 	<ul style="list-style-type: none"> • Limited number of human resources, especially OSH examiners with working areas in 5 Provinces throughout Kalimantan with a total target of 715 business entities (583 RM Business Entities and 132 PNBP Business Entities) • Uneven HR competencies • Test instruments are still limited 	<ul style="list-style-type: none"> • Increasing the total capacity and quantity of human resources, especially K3 examiners • Improving the quality of human resources through increasing the competence of human resources at the Samarinda K3 Center. The competency improvements carried out in 2022 are: <ol style="list-style-type: none"> 1. Training for Air Sampling Officers 2. Employee Competency Certification (PPC, Chemical Analyst, HIMU) • Increase in the number of test instruments
4.	Programs/Activities (data attached)	<ul style="list-style-type: none"> • Work Environment Testing in the Balikpapan Region, Kab. PPU, Kab. Passer, Kab. Kutai Kartanegara, Kab. East Kutai, Kab. West Kutai, South Kalimantan has been implemented 	<ul style="list-style-type: none"> • Limited number of human resources • Limited testing instruments • Requests for changes to the testing schedule from business entities 	<ul style="list-style-type: none"> • Monitoring and evaluation related to activities that have been implemented • Coordination with stakeholders and related parties regarding changes to

		<ul style="list-style-type: none"> • Re-accreditation of ISO 17025:2017 has been carried out • Training for air sample takers has been carried out • PPC competency certification, Chemical Analyst and HIMU (in the process of implementation) • Paramedic training (external) has been implemented 	<ul style="list-style-type: none"> • The location of the company is difficult to access and the lack of public transportation modes • natural disasters (floods, etc.) 	<p>the testing schedule (rescheduling)</p> <ul style="list-style-type: none"> • Inventory of HR and testing equipment • Re-identify HR competencies that are still needed
5.	<p>Excellence Program and/or OSH Best Practices</p> <ul style="list-style-type: none"> • Limited number of HR 	<p>Work Environment Testing in the Context of OHS Guidance in the Company</p>	<ul style="list-style-type: none"> • Limited number of HR • Limited testing instruments • Requests for changes to the testing schedule from business entities • The location of the company is difficult to access and the lack of public transportation modes • natural disasters (floods, etc.) 	<ul style="list-style-type: none"> • Monitoring and evaluation related to activities that have been implemented • Coordination with stakeholders and related parties regarding changes to the test schedule (re-scheduling) • Inventory of HR and testing equipment

b. Data on Outcome of OSH Activities until December 2021

No.	Name of Activity	Perincian Hasil Kegiatan	Jumlah	Keterangan
1.	OSH Training	a. Visits and Monitoring to the company	417 companies (Target: 428 companies)	Pure Rupiah 328 companies, PNBP 89 Companies
		b. Increase the knowledge and competence of the workforce by organizing seminars and training	350 companies (seminar) and 30 companies (training)	
2.	OSH Services	c. Work Environment Testing	417 companies (Target: 428 companies)	DIPA 328 companies,

				PNBP 89 companies
		d. Webinar in Commemoration of the National OSH Month	150 companies (Target: 150 companies)	
		e. OSH Basic Webinar	200 companies (Target: 200 companies)	
		f. Company Competency Test Certification	30 companies (Target: 30 companies)	
		g. HIRADC Workshop	40 companies (Target: 40 companies)	
3.	Others (please specify) ...	<ul style="list-style-type: none"> Building coordination and cooperation with Universities and the Department of the Environment 	5 universities 1 agency	
		<ul style="list-style-type: none"> Achievement of environmental laboratory registration 	1 activity	
		<ul style="list-style-type: none"> Implementation of ISO 9001 : 2015 	1 activity	

(Source: Samarinda OSH Office, the Directorate General of Labour Inspection and OSH-the Ministry of Manpower of the Republic of Indonesia, 2022)

6. Data on OSH Center Programs, Bandung

a. OSH Test Services:

Number and Type of Companies that get OSH Test Services by OSH Center in Bandung Period 2017-2021

TEST TYPE		TEST YEAR									
		2017		2018		2019		2020		2021	
		R M	PNBP	RM	PNBP	RM	PNBP	R M	PNBP	R M	PNBP
1	Work Environment Testing										
a	Number of Cities/Districts	16		19	18	18	18	5	15	1	
b	Number of companies	180	65	228	72	192	117	38	71	2 6 4	113
c	Number of Test Points/Locations			6166	*)	548 8	7712	12 01	**)		
	1) Noise			1503	*)	135 7	1578	31 0	**)		
	2) Heat pressure			1491	*)	136 9	789	31 0	**)		
	3) Lighting			1509	*)	137 9	1227	31 0	**)		
	4) Dust			835	*)	750	826	13 9	**)		
	5) Air quality			830	*)	724	1223	13 2	**)		
	6) Emissions			0	*)	0	1639	0	**)		
	7) Vibration			0	*)	0	393	0	**)		

		8)	Ultra Violet		0	*)	0	14	0	**)		
		9)	M. Magnets/ Electricity		0	*)	0	23	0	**)		
2	Occupational Health											
	a	Number of cities/districts			19	*)	18	18	5	**)		
	b	Number of companies			228	*)	192	117	38	**)		
	c	Number of Test Persons/Persons			2617 0	*)	222 45	618	21 50	**)		
		1)	Spirometry		4093	*)	315 6	60	46 1	**)		
		2)	Audiometry		49	*)	8	100	0	**)		
		3)	Public health		4448	*)	370 2	80	55 8	**)		
		4)	Fatigue		4339	*)	361 1	143	52 6	**)		
		5)	Work Nutrition		4441	*)	363 3	0	59 8	**)		
		6)	GAC, Color blindness		204	*)	871	103	76	**)		
		7)	Routine blood + HBSAg		0	*)	0	60	0	**)		
		8)	Routine urine		0	*)	0	0	0	**)		
		9)	CHE Rarah		0	*)	0	0	0	**)		
		10)	X-ray		0	*)	0	0	0	**)		
		11)	EKG		0	*)	0	0	0	**)		
		12)	Ergonomcsi		0	*)	0	72	0	**)		
Note	:	*) No data										
		**)No documentation										

(Source: Bandung OSH Center, the Directorate General of Labour Inspection and OSH-the Ministry of Manpower, 2022)

b. Activities in the field of Capacity Building and Personnel Competency Test and Empowerment

- 1) Corporate Hygiene and Occupational Health and Occupational Safety Training for Doctors as many as 3 batches @ 30 people = 90 people
- 2) Corporate Hygiene and Occupational HealthHyperkes and Occupational Safety Training for Paramedics 2 batches @ 30 people = 60 people
- 3) Competency Test Activities
- 4) Virtual OSH socialization (+ 500 people)

c. Improved internal resources:

- 1) Inhouse training on OSH
- 2) Inhouse training on Ergonomics

C. Data on OSH Standards

1. Data on the Indonesian National Standard (SNI) for OSH

No	Year	SNI No.	SNI Title
1	1988	SNI 19-0228-1987	Cinema building, Occupational safety and health guidelines
2	1988	SNI 19-0229-1987	Working indoors, Safety at work
3	1988	SNI 19-0230-1987	Logging and transport of timber, Occupational safety and health
4	1988	SNI 19-0231-1987	Construction activities, Occupational safety and health
5	1989	SNI 19-1125-1989	How to take air samples for gas and vapor analysis
6	1989	SNI 19-1126-1989	How to test sulfur dioxide levels in the work environment
7	1989	SNI 19-1129-1989	How to test gas levels in the welding work environment
8	1989	SNI 19-1131-1989	How to test monoxide levels in the air
9	1989	SNI 19-1426-1989	Work environment, How to test phosgene levels
10	1989	SNI 19-1427-1989	Working environment, How to test chromium content
11	1989	SNI 19-1428-1989	Work environment, How to test lead levels
12	1989	SNI 19-1502-1989	How to continuously test the levels of air nitrogen oxides in the work environment
13	1989	SNI 19-1716-1989	Accident statistics
14	1989	SNI 19-1717-1989	Circular sawing machines for wood work, Work safety
15	1989	SNI 19-1719-1989	Boiler filling water
16	1989	SNI 19-1723-1989	Occupational diseases, Register
17	1992	SNI 19-1953-1990	Loading and unloading (harbor), Occupational safety and health guidelines
18	1992	SNI 19-1954-1990	Power and production unit
19	1992	SNI 19-1955-1990	Scaffolding, work safety in installation and use
20	1992	SNI 19-1956-1990	Work ladders, work safety in manufacture and use
22	1992	SNI 19-1957-1990	Occupational health, Guidelines for supervision
23	1992	SNI 19-1958-1990	Personal protective equipment guide
24	1992	SNI 19-1959-1990	High pressure air safety and health guidelines
25	1992	SNI 19-1960-1990	Work nutrition
26	1992	SNI 19-1961-1990	Special regulations on occupational safety and health
27	1995	SNI 19-3994-1995	Occupational safety and health guidelines for first aid in accidents
28	1998	SNI 19-4785-1998	How to test for formaldehyde content in workplace air

29	1998	SNI 19-4841-1998	Test method for NO _x levels in the air using a spectrophotometer
30	1998	SNI 19-4846-1998	Firefighting equipment requirements on board
31	2000	SNI 04-6254-2000	Placement of the emergency button
32	2000	SNI 19-6411-2000	Procedures for maintaining work safety and health records at waste processing facilities
33	2000	SNI 19-6457-2000	Basic methods of measuring the human body for technological design
34	2001	SNI 19-6558-2001	Competency of technical personnel specifically for lift operators, transport aircraft and load binders
35	2001	SNI 19-6559.1-2001	Special technical personnel training curriculum for lift, transport aircraft and load-bearing operators
36	2001	SNI 19-6566-2001	Work competence of special technical personnel for steam boilers
37	2001	SNI 19-6567-2001	Steam boilers special engineering training curriculum
38	2003	SNI 04-6960-2003	Air ducts - Requirements and tests for spacers
39	2004	SNI 04-7020-2004	Basic principles and safety principles for human-machine interfaces, marking and identification - Identification of conductors by color or numerical
40	2004	SNI 04-7024-2004	Code for color marking
41	2004	SNI 16-7054-2004	Measurement of the acceleration of vibration on the hand
42	2004	SNI 16-7058-2004	Measurement of total dust content in the workplace air
43	2004	SNI 16-7059-2004	Static measurement of asbestos fiber content in the workplace air
44	2004	SNI 16-7060-2004	Ultraviolet radiation measurement in the workplace
45	2004	SNI 16-7061-2004	Measurement of working climate (hot) with wet and ball temperature index parameters
46	2004	SNI 16-7062-2004	Measurement of lighting intensity in the workplace
47	2004	SNI 16-7063-2004	Threshold values for working climate (heat), noise, hand-arm vibration and ultraviolet radiation in the workplace
48	2004	SNI 19-7055-2004	Corporate Hygiene and Occupational Health and work safety training curriculum for management and members of the company's occupational safety and health advisory committee (P2K3).

49	2004	SNI 19-7056-2004	Health and safety training curriculum for workforce food managers in the workplace
50	2004	SNI 19-7057-2004	Health and safety training curriculum for company doctors
51	2005	SNI 04-7114-2005	System reliability analysis techniques - Failure mode procedures and effects analysis
52	2005	SNI 19-0232-2005	Threshold value (NAV) of chemicals in the workplace air
53	2009	SNI 7186:2009	Method of measuring the acceleration of whole body vibration in a sitting working posture
54	2009	SNI 7230:2009	Techniques for determining the point of air sampling in the workplace
55	2009	SNI 7187:2009	Method of measuring the level of methyl ethyl ketone in the workplace air by taking individual samples
56	2009	SNI 7248:2009	Measurement using the static method of lead (Pb) levels in the workplace air
57	2009	SNI 7249:2009	Measurement by the static method of toluene levels in the workplace air
58	2009	SNI 7268:2009	Requirements for boiler feed water and steam boiler water
59	2009	SNI 7324:2009	Procedure for taking individual workplace air pollutant samples
60	2009	SNI 7325:2009	Methods for measuring respirable dust levels in the workplace air individually
61	2009	SNI 7185:2009	Analysis of phosphate levels in boiler water
62	2009	SNI 7269:2009	Assessment of workload based on the level of calorie needs according to energy expenditure
63	2009	SNI 7270:2009	Measurement of lead levels in blood using an atomic absorption spectrophotometer with graphite furnace atomization
64	2009	SNI 7326:2009	The qualitative test method is suitable for using a particle respirator
65	2009	SNI 7327.1:2009	Safety shoes toe caps - Part 1: Free fall load testing methods
66	2009	SNI 7231:2009	Method of measuring noise intensity in the workplace
67	2019	SNI 7054:2019	Measurement of Vibration Exposure on workers' arms and hands
68	2019	SNI 7062:2019	Measurement of lighting intensity in the workplace
69	2019	SNI 7061:2019	Measurement and evaluation of work climate
70	2019	SNI 8850:2019	Method of examination and assessment of labor lung function with a spirometer

71	2019	SNI ISO 45001:2018	Occupational safety and health management system (OSHMS) - Terms and guidelines for use
72	2019	SNI 7062:2019/ Ralat1:2020	Measurement of lighting intensity in the workplace
73	2021	SNI ISO PAS 45005:2020	Occupational safety and health (OSH) management - General OSH guidelines for working during the COVID-19 pandemic (ISO/PAS 45005:2020, IDT, Eng)
74	2021	SNI 7186:2021	Measurement and evaluation of exposure to vibration throughout the worker's body
75	2021	SNI 9011:2021	Measurement and evaluation of potential ergonomic hazards in the workplace

(Source: Directorate of Occupational Safety and Health Testing, Directorate General of Labour Inspection and OSH-the Ministry of Manpower of the Republic of Indonesia, 2022)

2. Data on the Indonesian National Work Competency Standards (SKKNI) for OSH

No.	SKKNI No.	SKKNI on
1.	SKKNI 2008 - 209	About Industrial Hygiene
2.	SKKNI 2010 – 021	About Occupational Health
3.	SKKNI 2011 - 324	About OSH Paramedics
4.	SKKNI 2011 - 326	About Working In Confined Space
5.	SKKNI 2015 - 127	About OSH from Fire
6.	SKKNI 2015 - 350	About OSH for Construction Sector
7.	SKKNI 2016 - 159	About the Company Doctor.
8.	SKKNI 2017 - 309	About OSH Examiner
9.	SKKNI 2018 - 131	About OSH for Electricity
10.	SKKNI 2019 - 38	About OSH Personnel
11.	SKKNI 2020 - 393	About OSH for Working at Height
12.	SKKNI 2021 - 085	About OSH for Lift and Transport Units (PAA).
13.	SKKNI 2021 – 092	About OSH for Special Construction for Mobile Crane Operators with a Capacity of more than 50 Tons.

(Source: Directorate of Occupational Safety and Health Testing, Directorate General of Labour Inspection and OSH-the Ministry of Manpower of the Republic of Indonesia, 2022)

D. Data on Mapping of Companies with Potential Chemical Hazards (Major/Medium Potential Hazards)

Data on Companies that have prepared Document on Control of Major/Medium Potential Hazards at Workplace until 2022.

No	Name	Address
1	PT. BASF Chemicals Indonesia Cimanggis Site	Jalan Raya Jakarta Bogor Km 31.2 Cimanggis, Kelurahan Cisalak Pasar, Kecamatan Cimanggis, Kota Depok, West Java
2	PT. BASF Indonesia Merak Site	Jalan Raya Salira Merak, Mangunreja Village, Pulo Ampel Subdistrict, Serang District, Banten
3	PT. Cheil Jedang Indonesia – AM Terminal	Causeway Blok I-03 Kawasan Industri Maspion, Manyar, Gresik, East Java
4	PT. Badak NGL, Bontang Site	Satimpo Subdistrict, Bontang Selatan District, Kota Bontang, East Kalimantan 75324
5	PT. Petrosida Gresik	JL. KIG Raya Utara Kavling O No. 5, ROMO village, Manyar Subdistrict, Gresik District
6	PT. BASF Indonesia Cengkareng Site	Jalan Daan Mogot KM. 14, Cengkareng, Jakarta
7	PT. BASF Indonesia Cikarang Site	Jl. Jababeka V Blok I-1, Jababeka Industrial Estate, Cikarang Bekasi 17530 West Java
8	PT Voksel Electric	Jl. Raya Narogong km 16, Cileungsi Bogor 16820 - Indonesia
9	PT Pupuk Kujang	Jl Ahmad Yani No.39 Cikampek, West Java 41373
10	PT Bina Guna Kimia	Desa Klepu, Kec. Pringapus, Semarang, 50552
11	PT Air Products Cikarang	Cikarang Industrial Estate, Block F 1-3, Cikarang, Bekasi District- 17530
12	PT Air Products Gresik	Jalan Alpha Maspion LOT L-12, Maspion Industrial Estate, Desa Manyar, Gresik, East Java
13	PT Air Products Medan	Kawasan Ekonomi Khusus Sei Mangke, Simalungun District, North Sumatra
14	PT Pupuk Sriwidjaja Palembang	Jl. Mayor Zen, Palembang, South Sumatra
15	PT. PLN (Persero) Tanjung Jati B Jepara	PLTU Tanjung Jati B, Kembang, Kedung, Kancilan, Jepara, Kabupaten Jepara, Central Java
16	PT. Pupuk East Kalimantan	Jl. James Simandjuntak No. 1 Bontang 75313, East Kalimantan
17	PT. Kaltim Nitrate Indonesia	Guntung, North Bontang, Bontang City, East Kalimantan 75321, Indonesia Kota Bontang, East Kalimantan
18	PT. Asahimas Chemical	Desa Gunung Sugih Jl. Raya Anyer Km 122 Cilegon 42447 – Banten
19	PT. Nippon Shokubai Indonesia	Jl Raya Anyer Km 122 Kawasan Industri Panca Puri, Banten
20	PT. Petrokimia Gresik	Jl. Jenderal Ahmad Yani – Gresik, East Java

21	PT. Kaltim Parna Industri	Jalan Pupuk Raya Km.2 RT.52, Loktuan Subdistrict, Bontang Utara District, Kota Bontang 75314, East Kalimantan
22	PT. Lautan Otsuka Chemical	Cilegon City, Banten, Indonesia. Jl. Raya Anyer KM. 123, Gunung Sugih, Ciwandan, Cilegon, Banten
23	PT. Kaltim Methanol Industri	Wisma KIE 1st Floor, Jl. Paku Aji, Pupuk Kaltim Industrial Estate, Bontang, East Kalimantan
24	PT. Pembangkitan Jawa Bali Unit Bisnis Jasa O&M PLTU Rembang	Area Pelabuhan, Leran, Sluke Subdistrict, Rembang District, Central Java 59272
25	PT. Smelting Gresik	Jl. Roomo Manyar Kabupaten Gresik, East Java 61151
26	PT. Indonesia Power Unit Pembangkitan Bali PLTDG dan PLTG Pesanggaran	Jalan By Pass Ngurah Rai (Pesanggaran) Denpasar, Bali 80222
27	PT. Pindo Deli Pulp and Paper Mills	Jalan Prof. Dr. Ir. H. Soetami No. 88, Adiarsa Karawang, West Java
28	PT. Reckitt Benckiser Indonesia	Jl. Jend. Sudirman Kav. 52-53 Jakarta 12190
29	PT. Standard Toyo Polymer	Jl. Raya Merak km 118 , Cilegon, Kota Cilegon, Banten 42443
30	PT. LDC Indonesia	Wisma 46 – Kota BNI, 15th Floor Suite 15.01, Jln. Jend. Sudirman Kav.1, Jakarta 10220
31	PT. P & G Operations Indonesia	Sirnabaya, Telukjambe Timur, Karawang Regency, West Java 41361, Indonesia West Java
32	PT. KPCC	Jl. Kawasan Industri Krakatau Steel, Samangraya, Kec. Citangkil, Kota Cilegon, Banten 42443
33	PT. Petnesia Resindo	Jl. Padasuka I No.222, Ps. Baru, Kec. Karawaci, Kota Tangerang, Banten 15112
34	PT Indo Kordsa Tbk	Jl. Pahlawan, Karang Asem Tim., Kec. Citeureup, Kabupaten Bogor, West Java 16810
35	PT. Indorama Polypet	Jl. Raya Anyer Km . 121, Kepuh, Ciwandan, Kepuh, Cilegon, Kota Cilegon, Banten 42431
36	PT. Indorama Petrochemicals	Jl. Raya Anyer km.121 Ciwandan-Cilegon banten, Kepuh, Kec. Ciwandan, Kota Cilegon, Banten 42446
37	PT. Indonesia Power POMU	Ancol, Kec. Pademangan, Kota Jkt Utara, Daerah Khusus Ibukota Jakarta 14430
38	PT. Tereos FKS	Jl. Raya Anyer Cigading, Tegalratu, Serang, Kota Cilegon, Banten
39	PT. Cabot Indonesia	Krakatau Industrial Estate, Jl. Amerika No.1 Cilegon, Banten 42443
40	PT. IBR Cikampek	Desa Cilangkap, Curug, Purwakarta 41101, West Java
41	PT. IBR Purwakarta	Cilangkap, Babakancikao, Purwakarta Regency, West Java 41151

(Source: Directorate of Labor Norm Inspection, Directorate General of Labour Inpection and OSH, the Ministry of Manpower, 2022)

E. Data on the Result of IVA Test

Kementerian Ketenagakerjaan berkerja sama dengan OASE dari tahun 2015 s.d 2022 telah malakukan pemeriksaan IVA Tes pada Pekerja Wanita dengan data sebagai berikut:

- a. In 2015, at PT. Sri Rezeki Isman, Tbk, Jl. KH. Samanhudi 88 Jetis, Sukoharjo, Surakarta with 4,003 employees;
- b. In 2015, at PT. Primayudha Mandirijaya, Dukuh Kandang, Ngadirejo village, Ampel subdistrict, Boyolali with 1,000 employees;
- c. In 2016, at PT. Sandang Asia Maju Abadi, Tugu Wijaya Kusuma Industrial Estate, Jl. Tugu Industri I No. 8, Randu Garut, Semarang with 2,500 employees;
- d. In 2017, at PT. Ecco Indonesia Jl. Raya Bligo No. 17, Candi Subdistrict, Sidoarjo District, East Java, with 1,250 employees;
- e. In 2017, at PT. Bina Busana Internusa, Industri Wijayakusuma Industrial Estate, Jl. Tugu IV, Jl. Raya Semarang, Kendal Km. 12, Randugarut, Tugu, Semarang, Central Java with 1,516 employees;
- f. In 2017, at PT SAI APAREL INDUSTRIES Jl. Brigadir Jenderal Sudiarto Km 11. Bandungrejo-Mranggen. Semarang – Central Java, with 2,500 employees;
- g. In 2018, at PT. Mattel Indonesia, Jl. Industri Utama Blok SS 1-3 Kawasan Industri Jababeka, Mekar Mukti village, Cikarang, with 1,119 employees;
- h. In 2018, at PT. Kahatex Jl. Cijerah Cigondewah Girang No.16, Cimahi, West Java, with 1.337 employees;
- i. In 2019, at PT. Kahatex Rancaekek, Jl. Raya Rancaekek Km 6, Rancaekek, Bojongloa, Rancaekek, Bandung, West Java 40394 with 2,728 employees;
- j. In 2019, at PT. Embe Plumbon Tekstil with 650 employees, PT. Kreasi Garment Cirebon with 180 employees and PT Daiwabo Industrial Fabricks Indonesia with 170 employees.
- k. In 2022, at PT. Industri Jamu dan Farmasi Sido Muncul Tbk – Semarang, with 449 employees.
- l. In 2022, at PT. Parkland World Indonesia 2 – Serang, with 991.

(Source: Directorate of Occupational Safety and Health Testing, Directorate General of Labour Inspection and OSH-the Ministry of Manpower of the Republic of Indonesia, 2022)

F. Data on the Role/Participation in International OSH Events

2019				
No.	Name of Activity	Implementation	Forum/ Partner	Output
1	20 th ASEAN-OSHNET Coordinating Board Meeting (CBM) and The 6 th ASEAN OSHNET Conference (AOC)	26-28 March 2019, Yogyakarta, Indonesia	ASEAN OSHNET	Strengthen regional capacity to improve OSH through the implementation of initiatives related to ASEAN-OSHNET and cooperation with external partners.
2	Occupational Health Co-Research Program on Analysis of Hazardous Chemicals	27 May –14 June 2019, Ulsan, Korea	KOSHA	Equip participants with practical knowledge and skills to be able to carry out analysis of hazardous chemicals in the workplace and biological monitoring to assess

	<i>at the Workplace Biological Monitoring</i>			workers' exposure to certain chemicals.
3	<i>ILO/Korea Workshop "Adapting to the Future of Work: Tackling Current and Future Challenges on Occupational Health (OH) in ASEAN"</i>	1-5 Jul 2019, Seoul, Korea	ILO/ KOSHA	Strengthen capacity and enhance understanding and experience on current and future challenges of ASEAN countries and share the latest Occupational Health activities and experiences from Korea & ILO towards the development of national Occupational Health strategies in ASEAN member countries.
4	<i>Monitoring Strategic Compliance Planning (SCP) in Fishing Sector</i>	2019	ILO	Monitoring good practices that encourage coordination related to joint supervision and increasing compliance with labor regulations, and assessing challenges and improvements that are still needed to continue to encourage compliance in order to create decent working and business conditions in the fisheries sector.
5	<i>G20 OSH Network 2019 Annual Meeting and Technical Workshop: Tools for Effective Safety Inspection</i>	2-6 September 2019, China	G20 OSH Network	Developing the G20 OSH Network work program
6	<i>The Development Workshop of the ASEAN OSHNET Workplan 2021-2025</i>	13 -14 November 2019, Bali, Indonesia	ASEAN OSHNET	Developing the ASEAN OSHNET work program for 2021-2025
7	<i>The 8th ASEAN Labour Inspection Conference Securing Decent Work in the Fisheries Sector through Labour Inspection in ASEAN</i>	18 - 19 December 2019, Bangkok, Thailand	ALIC	Strengthen the importance of labor inspection engagement and action in the fishing sector and provide opportunities to share experiences and sound approaches to address challenges to labor law enforcement in the industry. Complements other ASEAN-level efforts to enhance economic, social and environmental sustainability with a focus on improving working conditions for fishermen and seafood workers.
2020				
1	<i>Advancing Workers' Rights in Indonesia's Palm Oil Sector Project</i>	2020	ILO	development of Field Guidelines for Supervision in the Palm Oil Sector as one of the follow-ups to the Strategic Compliance Planning workshop in the Palm Oil Sector for labor inspectors

2	The 21 st ASEAN-Occupational Safety And Health Network (ASEAN-OSHNET) Coordinating Board Meeting (CBM-21)	15 Oktober 2020, Lao PDR, Zoom Meeting	ASEAN OSHNET	strengthen regional capacity to improve OSH through the implementation of initiatives related to ASEAN-OSHNET and collaboration with external partners.
3	The 4 th Meeting of the OIC Occupational Safety and Health Network (OIC-OSHNET)	Oktober 2020, Zoom meeting	OIC-OSHNET	Prepare the 2021-2022 Workplan
2021				
1	Workshop on the Prevention and Control of COVID-19 at the Workplace for Sustainable Business	Februari 2021, Jakarta, Zoom meeting	ASEAN OSHNET	Indonesia as the country coordinator organized a workshop to share information and experiences from each AMS and international institutions in managing the Covid-19 Pandemic and its impact on the world of work
2	9th ASEAN Labour Inspection Conference “Strengthening Labour Inspection Capability in the Post COVID-19 Era”	Juni 2021, Singapore, Zoom meeting	ALIC	discusses strategies and measures to strengthen labor inspection against the backdrop of a changing world of work, exacerbated by the current COVID-19 pandemic.
3	Workshop on Prevention and Control of HIV-AIDS at the Workplace during Pandemic COVID-19	June 2021, Jakarta, Zoom meeting	ASEAN OSHNET	Indonesia as the country coordinator organized a workshop to share information and experiences from each AMS and international institutions in continuing HIV-AIDS prevention and control programs during the pandemic.
4	The First Workshop Development of ASEAN Guidelines on HIV Counselling and Testing in the Workplace	June 2021, Jakarta, Zoom meeting	ASEAN OSHNET	Indonesia as the country coordinator organized a workshop to share information and experiences from each AMS and international institutions in continuing HIV-AIDS prevention and control programs during the pandemic.
5	THE 22 ST ASEAN-Occupational Safety And Health Network (ASEAN-OSHNET) Coordinating Board Meeting (CBM-21)	August 2021, Malaysia, Zoom meeting	ASEAN OSHNET	strengthening our region's capacity to improve occupational safety and health through the implementation of ASEAN-OSHNET related initiatives and cooperation with external partners.
6	The First Workshop Research on Economic Justification of Occupational Safety	October 2021, Jakarta, Zoom meeting	ASEAN OSHNET	Indonesia as country coordinator to develop Guidelines on HIV Counseling and Testing in the Workplace with financial assistance

	<i>and Health (OSH) Implementations in the Construction Sector</i>			from the ASEAN Development Fund
7	<i>Short Term Course In Malaysia Under The Third Country Training Programme (TCTP) And The Malaysian Technical Cooperation Programme (MTCP) on Occupational Safety and Health Management for Asian Country (Online)</i>	October 2021	Malaysia JICA	To ensure the occupational safety and health of workers in the manufacturing and construction MSME sectors for workers regardless of their country of origin.
8	<i>The 7th Meeting Of THE ASEAN Business Coalition On HIV And AIDS (ASEAN BCA)</i>	November 2021, Singapore, Zoom meeting	ASEAN BCA	to update the progress of each ASEAN Member State, and to share best practices in the implementation of HIV and AIDS prevention and control in the workplace and nationally, especially in the new normal era of COVID-19
9	<i>Workshop for Labour Inspector on Violence and Harassment at Work Place</i>	November 2021, Jakarta, Zoom meeting	ASEAN OSHNET ASEAN LABOUR INSPECTIO N Focal Points	Indonesia as the country coordinator to further discuss the role of labor inspectors to end violence and harassment in the workplace and the integration of violence and harassment into occupational safety and health.
10	<i>The Second Workshop Development of ASEAN Guidelines on HIV Counselling and Testing in the Workplace</i>	November 2021, Jakarta, Zoom meeting	ASEAN OSHNET	Indonesia as country coordinator to develop Guidelines on HIV Counseling and Testing in the Workplace with financial assistance from the ASEAN Development Fund
11	<i>THE 10th ASEAN Labour Inspection Conference (10th ALIC) Building Competency And Preparedness Of Labour Inspectorates In ASEAN</i>	December 2021, Brunei Darussalam, Zoom meeting	ALIC	The 10th ALIC discusses issues, challenges and strategies to build and improve the competency of labor inspectors in ASEAN in accordance with labor laws and regulations for better preparedness and strategic supervision in the future.
12	<i>The Inaugural Meeting of the ALICOM</i>	December 2021, Zoom meeting	ASEAN Labour Inspection Committee (ALICOM)	Formation of a Committee that will further strengthen strategic partnerships in labor inspection in the ASEAN region.
2022				
1	<i>The Workshop On “Addressing Challenges Of</i>	17-18 May 2022, Indonesia, Zoom meeting	ASEAN OSHNET SESRIC	Indonesia as the country coordinator in collaboration with SESRIC held a workshop

	<i>Occupational Health In The Future Of Work”</i>			to strengthen the technical capacity of participants in dealing with occupational health challenges and equip them with knowledge on how to meet these challenges in the future of work. This includes presenting the experiences of ASEAN Member States and OIC Member States in an effort to provide optimal protection for companies and workers in facing the upcoming OSH challenges.
2	<i>Workshop on the Development of ALICOM Work Plan 2022-2030</i>	Jun 2022, Brunei Darussalam, Zoom meeting	ASEAN Labour Inspection Committee (ALICOM)	Prepare the ALICOM workplan for 2022-2030
3	<i>Workshop To Review Fitness To Work Practices And Opportunities For Alignment – Occupational Health Control In The Workplace And Worker Readiness</i>	Jun 2022, Brunei Darussalam, Zoom meeting	ASEAN OSHNET	This workshop aims to share the best ways to reduce workplace deaths from a medical perspective and identify relevant medical examinations for trade, professions, business and vocational industries. Fitness to Work means that the individual is in a state (physical, mental, and emotional) where the individual is able to carry out the assigned task competently, and in a manner that does not endanger the health and safety of oneself or others.
4	<i>The ASEAN OSHNET Workshop on OSH Awareness Information Platform for ASEAN Migrant Workers</i>	2 Jun 2022, Thailand, Zoom meeting	ASEAN OSHNET	due to the influence of economic and social developments in ASEAN migrant workers have migrated to work in other countries especially in Malaysia, Singapore and Thailand. these migrants are potentially exposed to a high risk of work-related accidents and injuries.
5	<i>Training of Trainers on Improving Safety and Health in Small and Micro Enterprises</i>	Jul – October 2022, Zoom meeting	ILO International Training Centre of the International Labour Organization	Training for Trainers on Improving OHS in Micro and Small Enterprises

i. Sample Data on Result of Competency Test based on SKKNI in OSH performed by LSP K3.

No	Skema	Jumlah	No	Skema	Jumlah
1	Ahli K3 Muda	295	17	Fireman II	41
2	Ahli K3 Madya	30	18	Fire Officer	1
3	Ahli K3 Utama	9	19	Safety Inspector	52
4	Operator K3 Migas	158	20	Ahli Hygiene Industri Muda	85
5	Pengawas K3 Migas	132	21	Ahli Hygiene Industri Madya	14
6	Pengawas Utama K3 Migas	12	22	Ahli Hygiene Industri Utama	9
7	Ahli Hazops	91	23	Ahli Sistim Manajemen K3 Kontraktor	214
8	Auditor SMK3	14	24	Petugas Penanganan Bahaya Gas H2S	120
9	Internal Auditor SMK3	1	25	Ahli Kajian Resiko Kesehatan	0
10	Ahli Investigasi Insiden	201	26	Operator Gas Tester	100
11	Petugas K3 Fasilitas Kesehatan	312	27	Ahli SMK3	0
12	Petugas K3 laboratorium	56	28	Supervisor K3 Konstruksi	0
13	Petugas P3K	90	29	Ahli Muda K3 Konstruksi	0
14	Safetyman Migas	337	30	Ahli Madya K3 Konstruksi	0
15	Safetyman Umum	0	31	Ahli Utama K3 Konstruksi	0
16	Fireman I	44			
				TOTAL	2.550

No	Skema	Jumlah	No	Skema	Jumlah
1	Ahli K3 Muda	318	17	Safetyman Migas	164
2	Ahli K3 Madya	14	18	Petugas Gas Tester	116
3	Ahli K3 Utama	7	19	CSMS	61
4	Operator K3 Migas	104	20	Petugas Penanganan Bahaya Gas H2S	105
5	Pengawas K3 Migas	105	21	Fireman I	280
6	Pengawas Utama K3 Migas	2	22	Fireman II	34
7	Hazops	88	23	Fire Officer	0
8	Investigasi Insiden	330	24	Safety Inspektor	118
9	Internal Auditor SMK3	1	25	Ahli SMK3	0
10	Auditor SMK3	15	26	Ahli Supervisor K3 Konstruksi	3
11	Petugas Fasilitas K3 Kesehatan	214	27	Ahli Muda K3 Konstruksi	81
12	Petugas K3 Laboratorium	57	28	Ahli Madya K3 Konstruksi	28
13	Industrial Higiene Muda	110	29	Ahli Utama K3 Konstruksi	5
14	Industrial Higiene Madya	23	30	Petugas P3K	84
15	Industrial Higiene Utama	6	31	Kajian Resiko Kesehatan Kerja	0
16	Safetyman Umum	21			
				TOTAL	2.494

No	Skema	Jumlah	No	Skema	Jumlah
1	AK3 Muda	255	17	Fireman 2	1
2	AK3 Madya	42	18	Fire Officer	0
3	AK3 Utama	6	19	Safety Inspektur	1
4	Operator K3 Migas	125	20	Ahli Higiene Industri Muda	79
5	Pengawas K3 Migas	69	21	Ahli Higiene Industri Madya	2
6	Pengawas Utama K3 Migas	2	22	Ahli Higiene Industri Utama	2
7	Ahli HAZOPS	67	23	Pengawas SMK3 Kontraktor	86
8	Auditor SMK3	8	24	Petugas Penanganan Bahaya Gas H2S	48
9	Internal Auditor SMK3	3	25	Ahli Kajian Risiko Kesehatan Kerja	17
10	Ahli Investigasi Insiden	149	26	Operator Gas Tester	108
11	Petugas Fasilitas K3 Kesehatan	135	27	Ahli SMK3	0
12	Petugas K3 Laboratorium	42	28	Supervisor K3 Konstruksi	0
13	Petugas P3K	27	29	Ahli Muda K3 Konstruksi	38
14	Safetyman Migas	95	30	Ahli Madya K3 Konstruksi	55
15	Safetyman Umum	55	31	Ahli Utama K3 Konstruksi	0
16	Fireman 1	26			
				TOTAL	1.543

(Source: LSP K3 ICOSH, 2022)

ATTACHMENT V

OSH Programs-Activities of Ministries & Agencies Outside the Ministry of Manpower

A. The Ministry of Health

Directorate of Health of Productive Age and Elderly – The Ministry of Health of the Republic of Indonesia				
Programs and Activities				
No.	Contribution in OSH	Programs / Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1	OSH-Related Policy	Policy direction: Healthy, Fit and Productive Communities to achieve Glorious Indonesia	1. Disparity in area size, geographical condition, socio-culture in 34 provinces, 514 regional districts/cities.	1. Optimizing the development of occupational health and sports activities in an integrated manner to all managers of occupational health and sports in the regions.
			2. Strengthening coordination and cooperation across sectors/programs.	2. Strengthening advocacy to the regions in implementing occupational health and sports.
			3. Improving policies that focus on curative and rehabilitative efforts.	3. Implementation of policies, i.e., a) Building a productive, healthy, productive age group and SMART seniors focusing on promotive and preventive efforts, b) Implementation of the program in stages, and in integrated and sustainable manners; c) Strengthening partnerships and community empowerment, d) Capacity building

				of health workers and agents of change, e) Implementation of programs in accordance with service standards and Standard Operating Procedures.
			4. Lifestyle changes and shifts in the epidemiological transition in society..	4. Strategy implementation, i.e., a) Partnership and Community Empowerment, b) Strengthening of health management and services, c) Advocacy and socialization, d) Utilization of information technology
			5. 5. Strengthening and improving the Functional Positions of Occupational Health Supervisors and program managers at the central and regional levels.	
2	OSH-Related Regulation	1. Law No. 36 of 2009 concerning Health, Law No. 36/ 2014 concerning Medical Staff, Law No. 44 concerning Hospitals	1. The legislation on OHS in health sector is adequate, ranging from laws to norms, standards, behaviors and criteria, technical guidelines and standard operating procedures for various types of workplaces.	1. Promotive and preventive efforts focusing on health programs for productive age and the elderly that are driven through the Healthy Living Community Movement - GERMAS (education, early detection, physical activity, balanced nutrition, environmental health)

	2. Government Regulation No. 88 concerning Occupational Health	2.Implementation of OSH policies and regulations requires synergy and cooperation of all parties as well as innovation and creativity according to the challenges and dynamics of the problems to create healthy, fit and productive workers.	2. The prevention of Occupational Accidents, Occupational Diseases, Non-Communicable Diseases and Infectious Diseases in the Productive Age Health Program is also aimed at preparing SMART Seniors (Healthy, Independent, Active and Productive)
	3. Regulation of the Minister of Health No. 66/2016 concerning OSH in Hospitals, Regulation of Minister of Health No. 52/2018 concerning OSH in Medical Facilities, Regulation of the Minister of Health No. 48/2016 concerning OSH in Offices, Regulation of Minister of Health No. 70/2016 concerning	3. The productive age group is a big target in preventing the occurrence of Communicable Diseases and Non-Communicable Diseases	3. Occupational health efforts that have been carried out by managers/management of workplaces and workers, including industry and offices, are recorded and reported as part of occupational health surveillance for policy input and OSH program development.
	Industrial Work Environment Health Standards and Requirements, Regulation of the Minister of Health No. 100/2015	4. The need to strengthen the implementation of occupational health surveillance	
	on Integrated UKK Post, Regulation of the Minister of Health No. 30/2022 Implementation of Occupational Disease Services		
	4. Decree of the Minister of Health No. 327/2020 concerning		

		<p>Determination of COVID-19 as a result of work as a specific occupational disease for certain workers, Kepmenkes No. HK.01.07/Menkes/328/2020 concerning Guidelines for the Prevention and Control of COVID-19 in Offices and Industrial Workplaces in Supporting Business Continuity in a Pandemic Situation, Decree of the Minister of Health No. HK.01.07/Menkes/337/2019 concerning the Health Protection Committee for Indonesian Migrant Workers, Decree of the Minister of Health No. HK.01.07/Menkes/95/2018 concerning Working Group for the Road Safety Action Program</p>		
3	Related Resources Available	<ul style="list-style-type: none"> - Health Examination Facilities for Prospective Indonesian Migrant Workers - Functional Position of Occupational Health Supervisor - Radiation Communication Forum 		
4	Programs/Activities (data attached)	<ul style="list-style-type: none"> - Monitoring and checking the health of drivers - Mitra Bakti Husada Award (Healthy and Productive Worker Movement) 	<p>4 Programs/Activities (data attached) - Monitoring and checking the health of drivers - Organizing competitions for mothers with exclusive breastfeeding as a form of rewarding employees who give exclusive breastfeeding while continuing to use the standard baby feeding room at their workplace.</p> <ul style="list-style-type: none"> - Mitra Bakti Husada Award (Healthy and Productive Worker Movement) - Conducting assessments of workplaces that carry out Office K3 and implementation of health 	

			protocols for government and private agencies	
		- Contest for Working Mothers with Exclusive Breastfeeding		
		- Office OSH Assessment		
		- Development of occupational health supervising functional positions		
		- Occupational health e-learning		
		- Work environment health study		
		- Cooperation with universities		
		- Implementation of Virtual Run and Virtual SPORT		
		- Measuring independent physical fitness		
		- Occupational Health Workshop, Occupational Health Effort Post, Sports Health		
		- Occupational Health Webinars, Occupational Health Effort Posts, Sports Health		
		- Socialization of the Healthy Living Community Movement (Germas)		
		- Strengthening the Integrated Occupational Health and Sports Information System		
		- K3 Program at RSDC Wisma Atlet (HR, monitoring and evaluation, workshops)		
		- Socialization and Dissemination of K3 in commemoration of Occupational Safety and Health Month		
		- Training on Occupational Disease Management for doctors		

		<ul style="list-style-type: none"> - E-learning Assessment Team for Occupational Health Advisory Functional Positions - Orientation of identification of health hazard risks - Training of Trainers (ToT) OSH Health Service Facilities - TBC Policy Brief in the Workplace - Development of a consensus on the management of PAK - Strengthening the 2020-2024 NAPHS Technical Area (TA) in the Field of Radiation Emergency - K3 Development (GP2SP, UKK Post, Hospital, Health Center, Clinic, Office) 		
5	Leading OSH Program and/or Best Practices	- ISO 9001:2015 certification for fitness check services, fitness centers, gymnastics and breastfeeding rooms at the Ministry of Health head office		
6	Special Policy and/or Program	<ul style="list-style-type: none"> - TB policies and programs in the workplace - Policies and programs on Health Protocols and Prevention and Control of COVID-19 in the Workplace 		
Outcome				
No.	Name of Activity	Detailed Outcome	Number	Note

1.	OSH Development	Improving the competence of Health Workers and Non Health Workers related to TOT, Gurulympic (Gurulympic and Siswalympic Events and Gurulympic and Siswalympic Competitions	The 2021 Gurulympic and Siswalympics events are a competition to increase the knowledge of teachers and students in voluntary and scientific sports competitions in the health sector. The competition is carried out through the Learning Management System (LMS) media developed by the Central PGRI Management which can be accessed by teachers and students. The types of activities are 2 (two) Sports Science and Karsa competitions.	
		Development of the Functional Position of Occupational Health Supervisor in 2020	314 people	
		Workshop on the “Sandwich” Method of Identifying Risk Factors in the Informal Sector.	The target is all managers of occupational health and sports at provincial, district/city health offices and health centers as well as UKK Post cadres. The workshop was held with a hybrid method	
		Office Occupational Safety and Health Assessment	Beginning with the implementation of workshops in 2 batches. 939 institutions participating in the socialization came from Level 1 OPD, Level 2 OPD, Ministries and Agencies, BUMN, BUMD, and the private sector. Batch 1 participants were 638 institutions and Batch 2 were 301 institutions.	
		Occupational Disease Management Training for doctors	211 doctors	
		Training for trainers (ToT) on occupational management	176 doctors	
		Occupational disease diagnosis training	387 doctors	

		E-Learning Functional Assessment Team for Occupational Health Supervisor	87 people	
		Health Hazard Risk Identification Orientation	420 online participants from 34 provinces and 25 offline participants	
		Training of Trainer (ToT) OSH Health Service Facilities	60 participants	
		Company Guidance Implementing GP2SP	750 companies	
		UKK Post Development	9,950 UKK posts	
		Accredited Hospital OSH Guidance	2,482 hospitals	
		OSH Development for Primary Health Facilities	9,153 clinics and 179 have been accredited	
		Office OSH Development	1,104 offices	
2.	OSH Services	Weight loss program for employees/Weight Loss Challenge	57 participants.	
		Virtual Run	The Virtual Sport Challenges method has started in 2019 which consists of running activities. In 2021 activities will be held by providing daily physical activity challenges, in the form of walking, cycling and running activities along with education on measuring physical fitness through the use of the SIPGAR application. This activity is based on websites and social media (Instagram) as a place for registration and evaluation of participants' participation in each required challenge.	
		Provision and distribution of communication media, information education about TB in the workplace and COVID-19 for workers in 2021	34 provinces, 1500 formal packages and 560 informal packages	

		K3 Socialization and Dissemination in commemoration of Occupational Health and Safety Month	A total of 2,753 participants participated in the webinar, consisting of 605 health sector workers, 413 public broadcasting communication sector workers, and 413 journalists, 342 Transportation and Public Transportation Sector Workers , there are 256 education sector workers, 192 agricultural sector workers, 945 government and private office workers..	
		Commemoration of World Health and Safety Day	1563 people from the ILO, WHO, Ministry of Industry, Occupational Safety and Health professional organizations and	
3.	Granting of OSH Awards	Awards Competition for Working Mothers with Exclusive Breastfeeding for 2020-2021	847 participants and 12 winners	
		P Awarding the Mitra Bhakti Husada Award for Companies Implementing the Productive Healthy Women Worker Movement (GP2SP) 2020-2021	81 companies	

B. Ministries/Agencies for Employment Social Security (BPJS Ketenagakerjaan)

1. Accident Insurance Program

JAMINAN KECELAKAAN KERJA 2019

JAMINAN KECELAKAAN KERJA				
JENIS KLAIM	PU	BPU	JAKON	TOTAL
CACAT SEBAGIAN ANATOMIS	4,885	95	194	5,174
CACAT SEBAGIAN FUNGSI	5,146	47	95	5,288
CACAT TOTAL TETAP	61	0	6	67
MASIH PENGOBATAN	85,762	2,050	1,051	88,863
MENINGGAL DUNIA	3,713	99	195	4,007
SEMBUH	104,302	1,477	1,456	107,235
LAIN-LAIN	153	0	2	155
TOTAL	204,022	3,768	2,999	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
USIA	TOTAL KASUS
5/D 20 THN	395
20 S/D 25 THN	27,308
25 S/D 30 THN	40,243
30 S/D 35 THN	34,378
35 S/D 40 THN	32,036
40 S/D 45 THN	26,984
45 S/D 50 THN	21,337
50 S/D 56 THN	17,268
> 56 THN	10,840
TOTAL	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
BERDASARKAN LOKASI KECELAKAAN	
DALAM	KASUS
DALAM	139,990
LUAR	16,987
LALU LINTAS	53,565
LAIN-LAIN	138
TOTAL	210,789

JAMINAN KECELAKAAN KERJA	
JENIS KELAMIN	KASUS
LAKI-LAKI	162,504
PEREMPUAN	48,285
TOTAL	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
MASA KEPESEBTAAN	TOTAL KASUS
5/D 6 BLN	40,191
6 BLN 5/D 1 THN	23,325
1 S/D 2 THN	27,223
2 S/D 3 THN	16,608
3 S/D 4 THN	12,279
4 S/D 5 THN	11,944
5 S/D 10 THN	41,244
10 S/D 15 THN	13,972
15 S/D 20 THN	10,372
20 S/D 25 THN	7,618
25 S/D 30 THN	4,703
30 S/D 35 THN	1,104
35 S/D 40 THN	198
> 40 THN	8
TOTAL	210,789

JAMINAN KECELAKAAN KERJA (JKK)	
BERDASARKAN WAKTU KEJADIAN	
WAKTU KEJADIAN	KASUS
00:01 - 06:00	17,534
06:01 - 12:00	96,725
12:01 - 18:00	68,290
18:01 - 24:00	28,240
TOTAL	210,789

JAMINAN KECELAKAAN KERJA 2020

KANWIL	TOTAL						TOTAL	
	PU		BPU		JAKON		KASUS	NOMINAL
	Kasus	Jaminan	Kasus	Jaminan	Kasus	Jaminan		
BANTEN	19,753	158,447,716,924	213	2,682,575,152	188	3,487,418,999	20,154	164,617,711,074
BANUSPA	4,218	47,914,329,339	191	1,953,380,161	63	1,418,956,664	4,472	51,286,666,164
DKI JAKARTA	11,340	229,849,756,237	322	5,599,863,865	330	9,874,661,494	11,992	245,324,281,596
JATENG DAN DIY	27,873	117,952,594,845	451	2,579,747,413	279	3,327,226,765	28,603	123,859,569,023
JATIM	33,423	208,408,724,690	1,024	6,322,005,243	490	8,486,994,827	34,937	223,217,724,760
JAWA BARAT	41,862	251,465,889,196	394	2,606,568,573	203	4,295,472,387	42,459	258,367,930,155
KALIMANTAN	13,116	94,628,613,791	512	2,670,341,104	133	1,707,867,666	13,761	99,006,822,561
SULAWESI MALUKU	3,035	43,633,407,730	103	681,838,674	149	3,584,842,526	3,287	47,900,088,930
SUMBAGSEL	9,822	69,326,987,223	194	988,844,311	54	2,312,632,002	10,070	72,628,463,536
SUMBAGUT	17,099	94,479,124,283	275	1,513,082,804	190	2,957,845,020	17,564	98,950,052,106
SUMBARIAU	33,736	164,508,987,436	486	3,171,654,561	219	5,070,935,751	34,441	172,751,577,748
TOTAL	215,277	1,480,616,131,693	4,165	30,769,901,861	2,298	46,524,854,100	221,740	1,557,910,887,653

JAMINAN KECELAKAAN KERJA 2021

KANWIL	TOTAL						TOTAL	
	PU		BPU		JAKON		KASUS	NOMINAL
	Kasus	Jaminan	Kasus	Jaminan	Kasus	Jaminan		
BANTEN	20,812	167,802,158,809	213	2,392,595,476	238	3,798,280,621	21,263	173,993,034,906
BANUSPA	4,391	48,041,149,754	296	1,870,014,890	69	1,787,511,371	4,756	51,698,676,016
DKI JAKARTA	12,201	243,748,745,751	560	9,251,721,326	232	7,612,284,366	12,993	260,612,751,443
JATENG DAN DIY	30,597	135,678,475,695	592	5,258,048,308	129	2,212,020,729	31,318	143,148,544,732
JATIM	38,625	271,847,766,451	1,163	7,145,885,225	548	7,729,183,280	40,336	286,722,834,956
JAWA BARAT	37,703	306,612,423,222	529	5,894,306,567	239	4,209,121,651	38,471	316,715,851,440
KALIMANTAN	15,163	126,175,649,839	327	1,906,495,427	70	1,512,196,991	15,560	129,594,342,257
SULAWESI MALUKU	6,591	54,400,293,904	136	1,780,650,072	119	2,521,748,741	6,846	58,702,692,716
SUMBAGSEL	10,413	81,390,195,065	243	1,825,228,638	56	2,252,533,470	10,712	85,467,957,172
SUMBAGUT	18,378	106,966,346,219	378	3,119,727,091	199	3,841,834,053	18,955	113,927,907,363
SUMBARIAU	32,485	163,774,196,910	456	2,612,316,123	219	3,295,163,043	33,160	169,681,676,077
TOTAL	227,359	1,706,437,401,619	4,893	43,056,989,143	2,118	40,771,878,316	234,370	1,790,266,269,078

2. Preventive and Promotive Programs

PROMOTIVE AND PREVENTIVE ACTIVITIES 2019 – 2021



KEGIATAN PROMOTIF PREVENTIF

TAHUN 2019

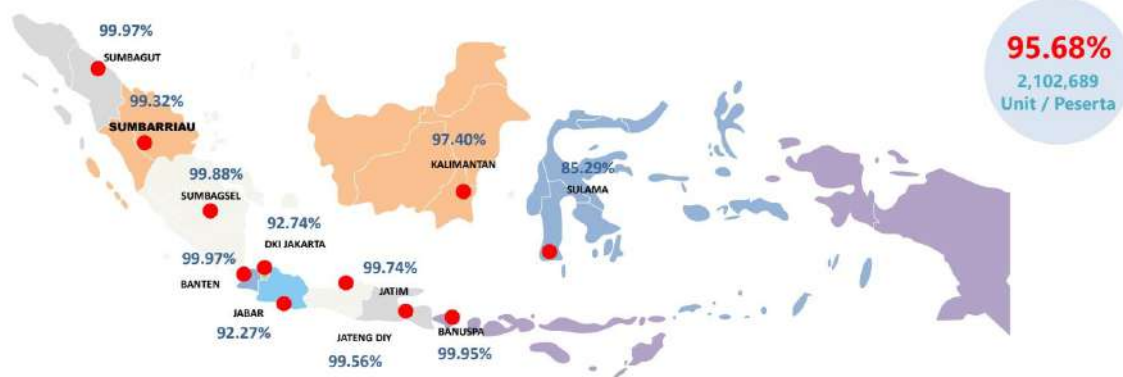


TAHUN 2020



TAHUN 2021





Item	Anggaran	Jumlah Unit/ Peserta Realisasi	Realisasi Nasional	% Realisasi Anggaran
APD Penanganan Covid-19 untuk PLKK	3,200,000,000	8,643	3,156,380,492	98.64%
Masker Medis (3ply) untuk Para Pekerja	3,075,000,000	1,840,694	2,828,488,114	91.98%
Poster K3 untuk Pencegahan Covid-19	550,000,000	2,167	535,485,525	97.36%
Pemberian Multivitamin untuk Pekerja	369,000,000	239,187	375,021,853	101.63%
Peningkatan Gizi Pekerja-Pemberian Bahan Pangan Bergizi	669,135,000	4,577	652,697,000	97.54%
Pelatihan K3 Umum	861,000,000	197	306,700,000	97.67%

3. RTW Program

RETURN TO WORK PROGRAM FROM BPJS KETENAGAKERJAAN



PROGRAM RETURN TO WORK (RTW)

NAMA KANWIL	KEMBALI BEKERJA					BELUM KEMBALI BEKERJA							TOTAL RTW	PESERTA STATUS BEKERJA	PESERTA STATUS BELUM BEKERJA	
	PEKERJAAN BERBEDA PERUSAHAAN SAMA	PEKERJAAN SAMA PERUSAHAAN BERBEDA	PEKERJAAN SAMA PERUSAHAAN SAMA	WIRASWASTA / BEKERJA SENDIRI	BLANK	PEKERJAAN BERBEDA PERUSAHAAN BERBEDA	BLANK	WIRASWASTA /MANDIRI	BELUM PONDAM PINGAN	PEKERJAAN SAMA PERUSAHAAN SAMA	PENDAM PINGAN PSIKOLOGIS	CACAT ANATOMI				MASIH DALAM PENGOBATAN & PERAWATAN
DKI JAKARTA	17		39				11							87	76	11
JAWA BARAT	101	5	151	9		2							30	298	289	30
KALIMANTAN	29		13				13							54	41	13
JATENG & DIY	33		122	10	5	1	31	1						203	171	37
JAWA TIMUR	42	1	71	8			3	33	1				2	181	125	36
SUMBAWASEL	21		30	7			2	4						64	60	4
SULAWESI MALUKU	17		46	5			2	5						75	70	5
SUMBAGUT	20		60	8	1	1	15							105	90	15
BANTEN	12	1	39	2	12		17			1				124	109	18
SUMBARRIAU	41	1	39				18							99	81	18
BANUSPA	6		4		1		3							14	11	3
TOTAL	399	8	613	49	19	11	150	2	0	3	0	0	30	1284	1099	185



PROGRAM RETURN TO WORK (RTW)

PERIODE JULI 2022

Kanwil	Perusahaan Berkomitmen Mendukung RTW	Tenaga Kerja Penerima RTW	Tenaga Kerja Yang Bekerja Kembali
Banuspa	5,701	14	11
Banten	3,831	124	106
Sumbarriau	5,870	99	81
Sumbagsel	4,616	64	60
Jatim	14,102	161	125
Jawa Barat	8,155	298	268
Kalimantan	4,710	54	41
Sumbagut	6,102	105	90
DKI Jakarta	9,663	87	76
Jateng & DIY	7,117	203	171
Sulama	3,430	75	70
Total	73,297	1,284	1,099

URAIAN	TOTAL KASUS	BERDASARKAN JENIS KELAMIN	
	(1)	LAKI LAKI (2)	PEREMPUAN (3)
JUMLAH	1284	1099	185
PRESENTASI		85.59%	14.41%
KANWIL		L	P
Sumbagut	90	15	
Sumbagsel	60	4	
DKI Jakarta	60	27	
Jawa Barat	253	45	
Jateng & DIY	175	28	
Jatim	139	22	
Kalimantan	53	1	
Sulawesi Maluku	65	10	
Sumbarriau	87	12	
Banten	106	18	
Banuspa	11	3	
TOTAL	1099	185	

4. Awarding Program

AWARDS FOR REGIONAL GOVERNMENTS AND ENTREPRENEURS (PARITRANA AWARDS)

Pemenang Tahun 2017, 2018, 2019 & 2020

Juara	Tahun 2017	Tahun 2018	Tahun 2019	Tahun 2020
Pemerintah Provinsi				
I	Jawa Tengah	Jawa Tengah	Sulawesi Utara	DI Yogyakarta
II	Jawa Timur	Sumatera Selatan	Sulawesi Selatan	Papua Barat
III	DKI Jakarta	Kep. Bangka Belitung	Papua Barat	Sulawesi Utara
Pemerintah Kabupaten/Kota				
I	Kota Surakarta	Kota Bitung	Kota Cimahi	Kabupaten Raja Ampat
II	Kabupaten Jember	Kota Tanjung Pinang	Kabupaten Sukamara	Kota Tangerang Selatan
III	Kabupaten Serang	Kota Makassar	Kabupaten Tapanuli Selatan	Kota Bekasi
Badan Usaha Skala Besar				
I	PT. Bank Central Asia	The Mulla Resort & Villas Bali	PT. Pelabuhan Indonesia III (Persero)	PT. Kuala Pelabuhan Indonesia
II	PT. Chevron Pacific Indonesia	PT. Chevron Pacific Indonesia	PT. Yamaha Indonesia Motor Manufacturing	PT. Bank Pembangunan Daerah Sumatera Barat (Bank Nagari)
III	PT. Bank Pembangunan Daerah Bali	PT. Bengkulu Karya Guna	PT. Bank Pembangunan Daerah Bali	Koperasi Kredit CU Lantang Tipo
Badan Usaha Skala Menengah				
I	PT. Nippon Indosari Corporindo	PT. Pertama Precision Bintan	PT. Two In One (Aquarius Boutique Hotel)	PDAM Tirta Sembada Sleman
II	PT. Aneka Tambang UPBN Maluku Utara	PT. Graha Berzona	PT. Kunango Jantan	Politeknik Harapan Bersama Tegal
III	PT. Multijasa Cemerlang	PT Ewan Superwood	PT. Praon	RS. Nahdlatul Ulama Tuban

AWARDS FOR WORK ACCIDENT SERVICE CENTERS
2019 - 2022



DAFTAR PEMENANG PLKK AWARDS

PEMENANG PENGHARGAAN PLKK AWARDS TAHUN 2019

NAMA RUMAH SAKIT	WILAYAH
RUMAH SAKIT UMUM BUNDA THAMRIN	SUMBAGUT
RUMAH SAKIT PRIMA PEKANBARU	SUMBARRIAU
RUMAH SAKIT THERESIA JAMBI	SUMBAGSEL
CIPUTRA HOSPITAL CITRARAYA TANGERANG	BANTEN
RUMAH SAKIT METROPOLITAN MEDICAL CENTER (MMC)	DKI JAKARTA
RUMAH SAKIT MITRA PLUMBON	JAWA BARAT
RUMAH SAKIT COLUMBIA ASIA SEMARANG	JATENG & DIY
RUMAH SAKIT PERKEBUNAN PT. NUSANTARA	JAWA TIMUR
MEDIKA UTAMA JEMBER	JAWA TIMUR
CIPUTRA MITRA HOSPITAL BANJARMASIN	KALIMANTAN
SILDAM INTERNATIONAL HOSPITAL MANADO	SULAMA
RUMAH SAKIT DIAN HARAPAN	BANUSPA

PEMENANG PENGHARGAAN PLKK AWARDS TAHUN 2020

NAMA RUMAH SAKIT	WILAYAH
RUMAH SAKIT ROYAL PRIMA	SUMBAGUT
RUMAH SAKIT EKA HOSPITAL PEKANBARU	SUMBARRIAU
RUMAH SAKIT UMUM PUSAT DR. MOHAMMAD HOESIN	SUMBAGSEL
RUMAH SAKIT OMNI ALAM SUTERA	BANTEN
RUMAH SAKIT MITRA KELUARGA KEPALA GADING	DKI JAKARTA
RUMAH SAKIT PRIMAYA BEKASI BARAT	JAWA BARAT
RUMAH SAKIT ORTHOPAEDI PURWOKERTO	JATENG & DIY
RUMAH SAKIT HVA TOELOENGREDJO	JAWA TIMUR
RUMAH SAKIT AWAL BROS BETANG PABELUM	KALIMANTAN
RUMAH SAKIT UMUM PUSAT DR WAHIDIN SUDIROHUSODO	SULAMA
RUMAH SAKIT UMUM DAERAH PROVINSI NTB	BANUSPA



DAFTAR PEMENANG PLKK AWARDS

PEMENANG PENGHARGAAN PLKK AWARDS TAHUN 2021

NAMA RUMAH SAKIT	WILAYAH
RUMAH SAKIT DHIRGA SURYA MEDAN	SUMBAGUT
RUMAH SAKIT SEMEN PADANG	SUMBARRIAU
RUMAH SAKIT PRIMAYA BHAKTI WARA	SUMBAGSEL
RUMAH SAKIT EMC PULOMAS	BANTEN
RUMAH SAKIT HERMINA CIRUAS	DKI JAKARTA
SANTOSA HOSPITAL BANDUNG KOPO	JAWA BARAT
RUMAH SAKIT DR. OREN KANDANG SAPI SOLO	JATENG & DIY
RUMAH SAKIT PRIMASATYA HUSADA CITRA (PHC) SURABAYA	JAWA TIMUR
RUMAH SAKIT UMUM ST. ANTONIUS PONTIANAK	KALIMANTAN
RUMAH SAKIT PRIMAYA MAKASSAR	SULAMA
RUMAH SAKIT UMUM DAERAH KABUPATEN MIMIKA	BANUSPA

C. Activities of the National Standardization Agency (BSN)

No	Name of Activities	Detailed Activities	Number
1.	Socialization and Dissemination related to OSH standards:	a. Webinar on SNI ISO 45001 SMK3 for the public	more than 100 participants
		b. Webinar on SNI ISO 45005 for universities	Participants from 84 universities (PT) that have signed an MoU with BSN
		c. Webinar on SNI ISO 45005 for students	Student participants from high-learning insitutions who have signed an MoU and are general
		d. Making a guidebook for the implementation of SNI ISO 45001	
		e. Preparation of guidelines for implementing SNI ISO 45005 for SMEs	
2	Assistance in implementing standards related to OSH:	a. SNI ISO 45001 and SNI ISO 45005 training for UNY and USAHID academics	Increasing the competence of lecturers, students and students
		b. SNI ISO 45001 training for the SNI Award evaluator team	About 50 SNI award evaluators
		c. Assistance and Guidance on the application of SNI 45001 for industry/SMEs	Assistance to several SMEs/industry in Jogja, Central Java and Surabaya

D. Example of Competency Test Result in accordance with the Indonesian National Work Competency Standards (SKKNI) in OSH carried out by the National Occupational Safety & Health Professional Certification Agency (LSP K3).

2019

No	Skema	Jumlah	No	Skema	Jumlah
1	Ahli K3 Muda	295	17	Fireman II	41
2	Ahli K3 Madya	30	18	Fire Officer	1
3	Ahli K3 Utama	9	19	Safety Inspector	52
4	Operator K3 Migas	158	20	Ahli Hygiene Industri Muda	85
5	Pengawas K3 Migas	132	21	Ahli Hygiene Industri Madya	14
6	Pengawas Utama K3 Migas	12	22	Ahli Hygiene Industri Utama	9
7	Ahli Hazops	91	23	Ahli Sistim Manajemen K3 Kontraktor	214
8	Auditor SMK3	14	24	Petugas Penanganan Bahaya Gas H2S	120
9	Internal Auditor SMK3	1	25	Ahli Kajian Resiko Kesehatan	0
10	Ahli Investigasi Insiden	201	26	Operator Gas Tester	100
11	Petugas K3 Fasilitas Kesehatan	312	27	Ahli SMK3	0
12	Petugas K3 laboratorium	56	28	Supervisor K3 Konstruksi	0
13	Petugas P3K	90	29	Ahli Muda K3 Konstruksi	0
14	Safetyman Migas	337	30	Ahli Madya K3 Konstruksi	0
15	Safetyman Umum	0	31	Ahli Utama K3 Konstruksi	0
16	Fireman I	44			
				TOTAL	2.550

2020

No	Skema	Jumlah	No	Skema	Jumlah
1	Ahli K3 Muda	318	17	Safetyman Migas	164
2	Ahli K3 Madya	14	18	Petugas Gas Tester	116
3	Ahli K3 Utama	7	19	CSMS	61
4	Operator K3 Migas	104	20	Petugas Penanganan Bahaya Gas H2S	105
5	Pengawas K3 Migas	105	21	Fireman I	280
6	Pengawas Utama K3 Migas	2	22	Fireman II	34
7	Hazops	88	23	Fire Officer	0
8	Investigasi Insiden	330	24	Safety Inspektur	118
9	Internal Auditor SMK3	1	25	Ahli SMK3	0
10	Auditor SMK3	15	26	Ahli Supervisor K3 Konstruksi	3
11	Petugas Fasilitas K3 Kesehatan	214	27	Ahli Muda K3 Konstruksi	81
12	Petugas K3 Laboratorium	57	28	Ahli Madya K3 Konstruksi	28
13	Industrial Higiene Muda	110	29	Ahli Utama K3 Konstruksi	5
14	Industrial Higiene Madya	23	30	Petugas P3K	84
15	Industrial Higiene Utama	6	31	Kajian Resiko Kesehatan Kerja	0
16	Safetyman Umum	21			
				TOTAL	2.494

2021

No	Skema	Jumlah	No	Skema	Jumlah
1	AK3 Muda	255	17	Fireman 2	1
2	AK3 Madya	42	18	Fire Officer	0
3	AK3 Utama	6	19	Safety Inspektur	1
4	Operator K3 Migas	125	20	Ahli Higiene Industri Muda	79
5	Pengawas K3 Migas	69	21	Ahli Higiene Industri Madya	2
6	Pengawas Utama K3 Migas	2	22	Ahli Higiene Industri Utama	2
7	Ahli HAZOPS	67	23	Pengawas SMK3 Kontraktor	86
8	Auditor SMK3	8	24	Petugas Penanganan Bahaya Gas H2S	48
9	Internal Auditor SMK3	3	25	Ahli Kajian Risiko Kesehatan Kerja	17
10	Ahli Investigasi Insiden	149	26	Operator Gas Tester	108
11	Petugas Fasilitas K3 Kesehatan	135	27	Ahli SMK3	0
12	Petugas K3 Laboratorium	42	28	Supervisor K3 Konstruksi	0
13	Petugas P3K	27	29	Ahli Muda K3 Konstruksi	38
14	Safetyman Migas	95	30	Ahli Madya K3 Konstruksi	55
15	Safetyman Umum	55	31	Ahli Utama K3 Konstruksi	0
16	Fireman 1	26			
				TOTAL	1.543

(Sumber: LSP K3 ICOSH, 2022)

ATTACHMENT VI

DATA ON STAKEHOLDERS' OSH PROGRAMS/ACTIVITIES

1. The Indonesian Employers Association (APINDO)

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	OSH Related Policies	1. Improving OSHMS during Industrial 4.0 Era so as to Support Company Improvement	It is still necessary to improve companies' awareness on the importance of improving OSHMS	Improving OSHMS for companies in collaboration with related Ministries and Agencies
		2. Improving COVID-19 prevention programs at workplaces	Employees are starting to lose their faith or are fed up with existing regulations	Improving employees' awareness about existing OSH regulations
2.	Osh Related Regulations	1. Socializing OSHMS to community by multistakeholders (social, OSH Agencies, associations, universities etc.)	Lack of interest in reading among employees regarding announcements given by the company	Providing consultation on OSHMS in collaboration with social workers
		2. Incorporating the importance of strengthening OSHMS into company regulations or circulars		Making announcements through digital media (social media, group chat, etc.)
3.	Related Resources Available	OSH Division	Limited OSH and environmental supervision staff	Increasing the number of supervisors for each division
4.	Program /	1. Improving OSHMS in every company	-	-

		2. Conducting a study and establishing of guidelines for the Covid-19 prevention program at workplaces		Producing guidelines and providing recommendations for governments and companies in collaboration with ILO
5.	OSH Excellence Programs and/or Best Practices	Covid-19 Risk Assessment Program (ILO Risk Assessment) for MSMEs	Poor understanding among MSME partners in completing assessment form	Online socialization to companies in collaboration with the ILO
			Poor communication between OSH doctors and the company PIC that the assessment completion process is delayed	– companies
			Many workplaces have not been able to provide supporting documents as the basis for completing the action plan	

Outcomes

No.	Name of Activity	Detailed Outcome	Number	Note
1.	OSH Development	1. Changes in behavior prioritizing healthy living that have been carried out during the COVID-19 pandemic will continue	All employees	Supports from the management and company's leaders are required
		2. The availability of health support facilities in each company is increasingly improved	All companies	

2.	Labour and OSH Supervision	1. Regular reporting of OSH activities	All companies	
3.	OSH Services	1. OSH webinar for APINDO's members related to:	100 companies	No obstacle.
		OSH management during Covid-19 pandemic. Webinar topics include:		
		2. OSH webinar for workplace improvement		
		3. Vaccination for companies in Central Java	100 doses of vaccine	
4.	Granting of OSH awards	1. Certificate for SMES participated in ILO Risk Assessment	24 companies	Obstacles in completing application form
5.	APINDO's participation in discussions and in organizing OSH programs in collaboration with APINDO's external partners.	1. Completing the OSH month webinar organized by the Ministry of Health and the Ministry of Manpower		
		2. Regularly participating in Tuberculosis (TB) program as a member of the TB TWG and CCM..		
		3. The Covid-19 prevention program at workplaces, initiated by the ILO and the Ministry of Manpower		
		4. Workplace HIV prevention program initiated by the ILO involving the participation of the Ministry of Manpower and NGOs.		
		5. Discussion of the community's perspective on hospitals during the pandemic era organized by IRSJAM/PERSI		
		6. Discussing and evaluating health care cost on companies related to health financing at workplaces organized by the Ministry of Health. This activity was followed up with a survey to the companies and presentation of the survey results that have been carried out.		
		7. DK3N national webinar on Reflection of the 2021 National OSH		

1. Trade Union/Labour Union(KSBSI

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	OSH related policies	OSH culture and zero accident	Poor awareness among employers on the importance occupational health and safety management system integrated with the company's management system	Periodic independent auditing of companies
2.	OSH related regulations	Derivative rules related to K3 that follow technological developments	Rapid development of technology	Establishing an independent supervisory agency consisting of tripartite elements
3.	Related resources available	Personnel with an OHS culture	Small number of HR workers high training costs	Conducting regular and continuous training
4.	Programs/activities (data attached)	Improving workers' protection and welfare	It is necessary to develop a recording system for recording and reporting occupational diseases and injuries, which is better & easier to use by several parties so that Indonesia will have a very valuable and more representative data.	Applying OSH intensively in order to reduce deaths due to Work Accidents and Occupational Diseases. With (3) indicators; 1) Prevention of Occupational Accidents, 2) Occupational Diseases, 3) Work environment that meets OSH requirements.
5.	OSH excellent programs and/or best practices	<p>1. Increasing budget for the National and Provincial Occupational Safety and Health Councils (DK3N and DK3P)</p> <p>2. Formulating report format of OSH condition in the company for easy access;</p> <p>3. Formulating a more effective work accident reporting mechanism so as to improve the current reporting system;</p>	It is necessary to improve the role of various institutions related to OSH in Indonesia, among others by increasing Partnership programs with OSH stakeholders	The application of K3 is a necessity for workers and employers in realizing decent work conditions while protecting and improving the quality of workers as an important asset for realizing prosperity, reducing losses, creating a healthy, safe, secure, comfortable and productive workplaces.

		4. Perumusan edukasi dan kompetensi bidang K3 yang juga mencakup pekerja sektor non-formal;		
		4. Formulating education and competence in the field of OSH, which also includes workers from non-formal sector; Formulating and revising Law No.1 of 1970 concerning OSH		
6.	Others	Ratifying C 187 on promoting health and safety is a fundamental right, C 155 on OSH	It is necessary to codify it into National Law (Indonesian Law)	Together with the tripartite, the Government, and the House of Representatives of the Republic of Indonesia to realize the Ratification of Convention 187, and Convention 155 into Indonesian national law..

2. State University of Yoryakarta

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	OSH related policies	Formation of OSH Team in each faculty,	No structured policies from the Directorate General of High Education concerning OSH.	Socialization by OSH teams to each division
2.	OSH related regulations	Preparation of OSH manual Preparation of the OSH and Disaster Mitigation Task Force in all faculties.		Socialization of OSH manual to the UNY academic community.

3.	Related resources available	Socialization related to disaster mitigation, fire handling and OSH in the Laboratory and Workshop.	Poor awareness regarding the importance of OSH.	Disaster mitigation training and safety briefing in their respective environments.
		Socialization of safety briefing before carrying out the practice.	Poor participation from participants.	
		Procurement of cupboards and equipment for fire extinguishers in all faculties.		
4.	Programs/activities (data attached)	Train the firefighter team (once a year)	Poor participation from participants.	Develop training materials in a more interesting and structured way.
		Community service related to OSH training		
5.	OSH excellent programs and/or best practices	Production of OSH educational film.	The actors do not animate the script prepared.	The film was made with a more professional actors and team.
			Signs and markings have not been interpreted properly and have not become a personal character with OSH culture.	Preparation of SOPs with OHS characteristics.
		Disaster mitigation filmmaking.		
		Making safety orientation films.		
		Installation of OSH signs (safety signs) and labeling the application of 5R/5S.		
6.	Posters and literatures	Photo for safety promotion		Socialization of OSH learning books to the entire UNY academic community.
		Preparation of OSH learning books		

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
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1.	OSH development	Skills related to disaster mitigation, fire handling and OSH in laboratories and workshops		
		Safety briefing before carrying out the practice		
		Application of ergonomic checkpoints at workplaces		
2.	Labour inspection and OSH	Implementation of OSH in the Laboratory and Workshop		
		Implementation of safety briefing before carrying out the practice		
		Application of 5R/5S in laboratories and workshops		
3.	OSH services	OSH training in laboratories and workshops		
		Training on the use of fire extinguishers		
		Production OSH posters	All laboratories and workshops	

3. Industrial company hygiene and occupational safety and health, Makassar Medical School

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	Programs/Activities (data attached)	...		
2.	OSH excellent programs and/or best practices	a. Guidance and Certification of Candidates for General OSH Experts (in collaboration with PT Delta Indonesia)		
		b. Field Work Practices for Informal Sector Communities		
		c. Hyperbaric Practicum		
		d. Fire Practicum		
		e. Occupational Health Practice		
		f. Industrial visit		
		g. Community Service related to OSH in the informal sector		

Outcomes

No.	Name of Activity	Detailed Outcome	Number	Note
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1.	OSH development	a. Guidance and Certification of Candidates for General OSH Experts in 2017	1	
		b. Guidance and Certification of Candidates for General OSH Experts in 2017		
		c. c. Guidance and Certification of Candidates for General OSH Experts in 2019		
		d. General Stadium: National and International OSH Development in the Industrial Revolution 4.0 in 2019		
		e. e. Guidance and Certification of Candidates for General OSH Experts in 2020		
		f. f. Guidance and Certification of Candidates for General OSH Experts in 2021		
		g. g. Guidance and Certification of Candidates for General OSH Experts in 2022		
2.	Granting of OSH awards	Award for Participation in the National OSH Month 2019	1	Award for Participation in the National OSH Month 2019

4. University of Padjadjaran

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1	OSH related policies	K3 work unit has been formed but has not been able to organize activities	The unavailability of human resources with OSH qualifications and competencies	a. Organizing OSH certification at universities
				b. Organizing OSH socialization to the entire university community
2	OSH related regulations	It is stated in the work unit decree	Not yet at the level of implementation guidelines	Rector's Decree is required for the implementation of OSH at universities
3	Related resources available	Environmental OSH Center Work Unit	Small number of OSH HR at all levels of the academic community	It is necessary to have a training and socialization on OSH at universities

4	Programs/Activities (data attached)	Safety induction	None	Development of OSH for Colleges, Faculties, and University Students
		Evacuation route		
		SLF		
5	OSH excellent programs and/or best practices	None	None	None

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
1	Labour training/Supervision & OSH	Laboratory OSH supervision through good practice laboratory & Contractor OSH	-	-
2	OSH services	Socialization of OSH at work unit level	-	-
3	Granting of OSH awards	-	-	-
4	Others (please specify)	-	-	-

5. The National Occupational Safety and Health Student Forum (FMK3N)

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	Visits	Quantitative: 50% of all agencies visited have been registered via google form to become part of FMK3N for the next period.	1. Data on universities with OSH related study program	Visiting universities, institutes and polytechnics with OSH Departments or OSH Specializations that have not been officially registered as members of FMK3N so as to exchange information, develop mindsets, reasoning power, and student creativity.
			2. A media for visit among others is premium zoom meetings.	

		Qualitative: applying applicable updates, to be applied in the future		
2.	Safety Lecture	1. Attended by a minimum of 50 participants each meeting	A media for visits among others is premium zoom meetings	Presentation of materials, discussion and then followed with questions and answers discussing occupational safety and health issues..
	(Leading program)	2. Conducted at least 10 times in 1 FMK3N in 2022		
3.	SI EDU (Safety Information and Education)	500 likes and 1,000 views 1000 on all posts for 1 period of FMK3N in 2022	1. Looking for interesting and updated OSH information	Providing information related to occupational safety and health using infographics and videos on social media so that students and the public can perceive its benefits
			2. Creating content to get a good engagement	
4.	Company Visit (Leading program)	50% of FMK3N management attended Company Visit activities for 1 management period with list of attendance	1. Looking for companies that are willing to complete the work program	Webinar activity to facilitate FMK3N management in recognizing OSH activity and work processes in the industrial sector.
			2. Financial constraints for performing this activity because it requires more funds.	
5.	OSH Goes to School (Leading program)	1. Attended by at least 30 high school students (webinar)	Financial constraints for performing this activity because it requires more funds.	OSH competitions for high schools and counseling through webinars on OSH study programs and various OSH sciences for high school students.
		2. The average post test result for OSH Goes to School participants is at least 70		
		3. A minimum of 20 high school students take part in the competition.		
6.	Info Magang (Leading program)	Gathering information on internship vacancies at least 1 vacancy per month.	Lack of information related to internships in OSH study programs	Collecting information on internship vacancies from various media and collaborating with the Media and Information Division so as to publish information on internship vacancies on FMK3N social media.

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
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1.	Safety Lecture	1. Providing intelligence related to Occupational Health and Safety		
		2. Sharing knowledge related to Occupational Health and Safety from both academics and practitioners		
		3. Strengthening brotherhood among students in Occupational Health and Safety at the national level		
		4. Improving knowledge, and culture of Occupational Safety and Health from forum enforcers to younger generation in Indonesia		
		5. Safety lectures were held externally in collaboration with WSO by inviting speakers to discuss OSH issues, and knowledge		
2.	Safetypedia (Production of Social Media Contents)	Creating OHS-related content on Instagram	Once a month	
3.	Briefing for the National OSH Month	Inauguration of FMK3N members in 32 campuses		
4.	Community service in collaboration with the Solo City Service	Socialization about health to the people of Solo city		
5.	Visit (by the Association). Visiting campus in each region	a. Visiting campuses in each region		
		b. b. Conducted once a month in July, August, September, and October via Zoom meeting		
6	Virtual Sharing Session	Sharing knowledge related to Occupational Health and Safety from both academics and practitioners		
		Improve knowledge, and culture of Occupational Safety and Health		

7	Safety Talk Podcast	1.Improving knowledge and skills related to Occupational Safety and Health practices	Conducted every third week of the month	
		2.Providing knowledge references that can be used as a reference for students and OSH practitioners		
		3. 3. Introducing the science of Occupational Safety and Health for general public		
		4.Encouraging the implementation of Occupational Health and Safety in various sectors of Stalk Food Activities (Safety Talk Podcast)		

6. IIEA

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	OSH related policies			
2.	OSH related regulations	Regulation of the Minister of Manpower no. 2 of 1980 & Presidential Decree no 19 of 2019 (on September 26, 2020)	Sharing knowledge from experts & practitioners regarding the implementation of good regulations in companies	Involving Academics and Regulators in Regulatory Discussions to ensure that statutory regulations are carried out
		Government Regulation 50/2012 (on July 2, 2022 and December 5, 2020)		consistent with internationally agreed requirements..
		Regulation of Minister of Manpower 187 / 1999 (March 13, 2020)		
3.	Related resources available	226 & 252 Expert	No real form of participation of ISO Experts (OHSMS Expert)	Participation in the Teaching Practitioner program so as to: Improve scores Accreditation & certification
4.	Programs/Activities (data attached)	Improvement Talk	Activities only involve IIEA members such as:	Collaborating with Regulators and other OSH Organizations to ensure:
		Interactive discussion	Implementers /Practitioners	efficient and effective consultation, training, certification, and implementation through application of proper OSHMS standard

		IIEA Award (Award granted to companies that apply OSHMS and / or ISO 45001 Safety Management System Maturity	consultants, Trainers, Auditors, Students/Fresh Graduates.	.
5.	OSH excellent programs and/or best practices	<ul style="list-style-type: none"> Improvement Talk IIEA Award 		Ensuring efficient and effective OSHMS by applying proper standard in collaboration with ISO Regulators & organizations.
6.	Others (please specify).	Participation of IIEA in TC 283 (Technical Committee that discuss standard ISO 45000 series)		

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
1.	OSH development	a. OSH-related Improvement Talk	18	6 June 2020 to 23 July 2022
		b. OSH-related interactive discussion	1	16 October 2021
		c. OSH-related Improvement Talk with students & Fresh Graduate	4	29 August 2020
				3 October 2020
		5 December 2020		
		26 June 2021		
3.	OSH services	Meeting to discuss Standard ISO 45000 Series	24	Representing Indonesia as OSH Expert BSN
4.	Granting of OSH Awards	IIEA Award	1	
5.	Others (please specify) ...	Organization audience with the National Standardization Agency	1 (20 September 2021)	in an effort to become a partner of BSN in socializing new ISO standards, especially OSH
		International seminar	2	IIEA members as TC 283 members shall participate in
		OSH discussion with Members of TC 283 & British Standard Institution		Panelist Day 1 Linda S. Iskandar (Why occupational safety and health management is important for small businesses and service sector)
			(17 & 18 May 2022)	Day 2 Panelist Made Yenny (K3 for small business & performance evaluation)

7. Indonesian Mining Safety Professional Association (APKPI)

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	Programs/Activities (data attached)	Attached	HR and Coordination System	Improved Coordination
2.	OSH excellent programs and/or best practices	Performed well	Effective theme, source of information and participants	Preparation of detailed program plan

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
1.	Seminar	a. A National Seminar was held focusing Non-Metal and Rock mining	1 activity	More than 300 participants attended
		b. Well implemented National Seminar on Best practices in Mining Safety for mobile facilities	1 activity	More than 200 participants attended
2.	The National OSH Month	<ul style="list-style-type: none"> The National OSH Month Competition Seminar 		
3.	APKPI Safety Sharing Session	Performed well every Tuesday night	15 Batched	More than 3,000 participants attended
4.	Assisting the government in preparing policy on mineral and coals 2021	Proposing a draft policy for Mineral and Coal 2021 with Mining Safety points	1 activity	-
5.	Assisting the government in preparing the Indonesian National Work Competency Standards for Mining Safety	Mining safety based on the Indonesian National Work Competency Standards	Gradual activity	-

8. QHSE PTEL

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	OSH related policies	Available & signed by the highest leadership	None	Reviewed in 2022

2.	OSH related regulations	Conducting socialization of OSH regulations	None	Monitoring the compliance with regulations
3.	Related resources available	It is adequate	It is necessary to teach the meaning of OSH performance	Providing training to new HR
4.	Programs/activities (data attached)	-	-	-
5.	OSH excellent programs and/or best practices	Observation of employee safe behavior at work	No understanding about safe work standards	Socializing safe work practices

Outcomes

No.	Name of Activity	Detailed Outcome	Number	Note
1.	OSH development	Conducting OSH training	12	Internal
		Conducting emergency response exercises	12	Internal
		Monitoring vehicle speed limit	12	Internal
2.	Labour Inspection and OSH	Transport Plane	24	Validated
		Electrical & Genset Installation	3	Validated
		Lightning Channel Installation	3	Validated
		Fire fighting	38	Validated
3.	OSH services	Measurement of work environment	3	PJK3 Graha Mutu Persada
		Pesticide recommendations	1	Rentokil
		First Aid Facilities	18	
		Food service	1	Internal
4.	Granting of OSH Awards	Zero accident	1	East Java provincial government
		Most OSH observations	1	Internal
		The best OHS observation	1	Internal

9. Hospital OSH Expert Community

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
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1.	OSH related policies		The implementation of OSH in health facilities and hospitals is not in accordance with the Minister of Health Regulation no. 66 of 2016 and regulations above it	Policy advocacy with the Ministry of Manpower and Ministry of Health
2.	Related resources available	8 Regional Management were established from 2018 to 2022	Competent OSH resources in several hospitals are still limited and not all are competent based on the Indonesian National Work Competency Standards	Assistance program for health facilities/hospitals that do not have Committee for Occupational Safety and Health (P2K3)/OSH Committee
3.	Programs/activities (data attached)	Continuing Professional Development with several K3 training institutions	Not able to reach some areas (more massive socialization is needed)	Advocacy and submission of cooperation with the Ministry of Manpower/Ministry of Health
4.	Excellent Programs and/or <i>Best Practices</i>	Facilitating OSH Programs at 1000 Health Centers in 2021 through Cooperation with the Ministry of Health	Can't monitor the results and continuation of the program	Advocacy with the Ministry of Health regarding the results of mentoring and POA proposals

10. Indonesian Fire Safety Professional Society (MPK2I)

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	Related resources available	335 members and 2 regions in West Java & Central Java and Jogjakarta		
2.	Programs/Activities (data attached)	Webinar/Seminar, Workshop and Training		
3.	OSH excellent programs and/or best practices	Webinar and Training		

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
Ministries / Agencies / Institution : Indonesian Fire Safety Profession Society				
1.	OSH development	Webinar	14	
		In collaboration with campuses	1	UNYogya
2.	OSH services	Help inspecting fire protection system	10	Factories

11. PERDOKI

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	OSH related policies	1. Policy Review on Mapping the Benefits of the Work Accident Insurance (JKK) and the National Health Insurance (JKN) programs: Identification and Challenges in Obtaining Benefits Due to Work Accidents and Occupational Diseases (the National Development Planning Agency 2021)	Regulatory disharmony	Advocacy for harmonization of regulations
		2. Policy on Access to Services, Primary Health for Health Workers and Workers in Hospitals as part of the JKN-JKK System (Ministry of Health of the Republic of Indonesia 2021)	Social Security Administrator (BPJS) Health policy for health workers and hospital workers must go through primary health facilities so that they cannot be served directly in hospitals (easy access to services)	Advocacy
2.	OSH related regulations	Participating in the preparation of OSH related regulations	Regulatory harmony	<ul style="list-style-type: none"> • Dissemination of internal OP • Socialization • Followup meetings
3.	Related resources available	Number of Occupational Medicine Specialists in Indonesia: 195, Occupational Medicine Biology Sub-specialists: 5, Occupational Medicine Physics Sub-specialists: 3, Occupational Medicine Toxicology Sub-specialists: 6, Occupational Medicine Ergonomics Sub-specialists: 1, Occupational Medicine Psychosocial Sub-specialists: 4	Uneven distribution of Occupational Medicine Specialists in Indonesia	Even distribution of doctors and additional quotas for Specialist Medical Education Program (PPDS) and education centers

4.	Programs/Activities (data attached)	Compilation of books related to occupational medicine: 11 books..	Completion period	Time table for book preparation
		Research, training, scientific meetings related to occupational medicine	Activity continuity	Regular training
5.	OSH excellent programs and/or best practices	In accordance with the Indonesian Medical Council Regulation number 90 of 2020 concerning Professional Education Standards for Occupational Medicine Specialists, they are:	The Referral and Guarantee Service System are not fully supported	Evaluation on services and regulatory advocacy
		1. Occupational Diagnostic Enforcement Services/for Occupational disease (PAK)		
		2. Work accident – Occupational Disease Management Services:		
		3. Conducting medical surveillance on the working community		
6.	Becoming OSH related team	1. KOPI TB Team (Coalition of Professional Organizations in TB Control)	-	Activity continued
		2. PB IDI's Covid-19 Mitigation Team		
		3. HIV-AIDS Expert Panel Team		
7.	Capacity Building and Member Certification	TOT K3RS, OSHA Log 300, Certification as Reviewer for Acta Medica Philippina, Vaksinator COVID-19, Industrial Hygiene IFAP, Sertifikat Asesor bidang K3, ISO14001/ISO18001/ISO45000/ISO9001 , Sertifikat Oil and Gas UK, Sertifikat Course AMA Guide to The Evaluation of Permanent Impairment Sixth Edition	-	Activity continued
		Training ITC ILO, KOICA, Chemical Safety and Security Training, Internal Auditor ISO 14001 & OHSAS 18001, A reader ILO Radiograph of Pneumoconioses, B reader ILO: Radiograph of Pneumoconioses, TOT HACCP		
8.	Member Decision Letter	Examining Doctor, Advisory Doctor, ASN Health Examiner Team		

Hasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
1.	OSH development	K3RS. K3 Companies/offices		
3.	OSH services	1. OSH activities in Hospitals	3942 cases (81 repondents)	Covid-19 due to work, LBP due to work, sensorineural deafness due to noise, Allergic Contact Dermatitis (DKA) due to work, DKI due to work, asthma due to work, TB due to work, Carpal Tunnel Syndrome (CTS) due to work, HNP due to work
		2. OSH activities in companies/offices		

		3. Enforcement of Occupational Disease Diagnosis and Management of Occupational Disease		
		4. Workers' Medical Checkups		
		5. Occupational Management of Individual Work Accidents (Employability Assessment, Return to Work Program and Disability Assessment)		
5.	Survey by Perdoki's Members	42 Research topics		

12. World Safety Organization (WSO), Indonesia Office

Programs and Activities

No.	Contribution in OSH	Programs/Activities Achieved	Challenges and Obstacles	Followup Plan for OSH Improvement
1.	Related resources available			
2.	Programs/Activities (data attached)	attached	attached	attached
3.	OSH excellent programs and/or best practices	<ul style="list-style-type: none"> • WSO Safety Culture Awards • WSO Awards • WSO Safety Passport • WSO Safety Champion 		

Kasil Kegiatan

No.	Name of Activity	Detailed Outcome	Number	Note
1.	OSH development	a. Safety Lecturer	Every week	In collaboration with OSH students
		b. Safety Champion	Total 800 participants	
2.	Granting of OSH awards	a. WISCA Safety Culture Awards	Every February, total 88 companies	
		b. WSO International Awards	Every year, in October in Las Vegas	

	c. WSO Firefighter Awards	18 companies participated in 2022	
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Attachment VII

Data on Professional OSH Institutions and Organizations

A. Data on OSH Institutions

1. Data on Occupational Safety and Health Committee (P2K3) until October 2022

No.	Province	Total P2K3
1.	Nanggroe Aceh Darussalam (NAD)	42
2.	North Sumatra	149
3.	West Sumatra	26
4.	South Sumatra	22
5.	Riau	172
6.	Riau Islands	4
7.	Bengkulu	2
8.	Jambi	47
9.	Bangka Belitung	1
10.	Lampung	93
11.	Banten	151
12.	Special Capital District of Jakarta	172
13.	West Java	1331
14.	Central Java	126
15.	Special Distrit of Jogjakarta (DIY)	13
16.	East Java	81
17.	Bali	11
18.	West Kalimantan	2
19.	Central Kalimantan	106
20.	North Kalimantan	3
21.	East Kalimantan	178
22.	South Kalimantan	12
23.	West Sulawesi	3
24.	South Sulawesi	5
25.	North Sulawesi	3
26.	Central Sulawesi	0
27.	Gorontalo	0
28.	West Nusa Tenggara	0
29.	East Nusa Tenggara	0
30.	Maluku	10
31.	North Maluku	2
32.	Papua	6
33.	West Papua	4
	Total	2.777

(Source: Company's Compulsory Labour Report until October 2022)

2. List of OSHMS Audit Agencies until October 2022

- 1) PT. SUCOFINDO (PERSERO)
- 2) PT. SURVEYOR INDONESIA (PERSERO)
- 3) PT, BIRO KLASIFIKASI INDONESIA (PERSERO)
- 4) PT. PLN (PERSERO) JASA SERTIFIKASI
- 5) PT. JATIM ASSPEK NUSANTARA
- 6) PT. ALKON INDO SERTIFIKASI
- 7) PT. SAI GLOBAL INDONESIA
- 8) PT. MULTI SERTIFIKASI INDONESIA
- 9) PT. MUTUAGUNG LESTARI
- 10) PT. TUV RHEINLAND INDONESIA
- 11) PT. SOLUSINDO HUTAMA SEJAHTERA
- 12) PT. BIRO SERTIFIKASI INDONESIA
- 13) PT. MUTU INDONESIA GEMILANG GLOBAL
- 14) PT.PUSAT SERTIFIKASI PRASETYA
- 15) PT. ABDI KARYA ANGKASA
- 16) PT. MITRA SATU RUPA
- 17) PT. LLOYD'S REGISTER INDONESIA
- 18) PT. SAPTA MUTU UTAMA
- 19) PT. SERTIFIKASI MANAGEMENT INDONESIA
- 20) PT. SERTIFIKASI BADAN USAHA MANDIRI
- 21) PT. CHEVROLAN PERSADA INDONESIA
- 22) PT. ADJI MANAJEMEN SERTIFIKASI

(Source: Directorate of OSH Institutions-Directoraet General of Labour Inspection and OSH-The Ministry of Manpower, 2022)

Note: Validity period of audit agency No. 17. Pt. LLOYD's Register Indonesia has expired and has not been extended

B. List of Names and Work Areas of OSH Professional Organizations in Indonesia

No .	Name of OSH Professional Organizations	OSH Activities Managed	Address & Media of Communication
A	OSH Professional Organization/Association as Members of INOSHPRO		
	<i>Indonesian Network on Occupational Safety and Health Professionals (INOSHPRO)</i>	<ul style="list-style-type: none"> • Coordinating and synergizing programs and activities of professional associations/organizations in the field of OSH in Indonesia • Compiling and developing studies and formulations/recommendations for the advancement of OSH in Indonesia • Building a network of OSH activities at the national and international levels 	Email: inoshpro@gmail.com
1	Perhimpunan Ergonomi Indonesia (PEI)	<ul style="list-style-type: none"> • developing and applying the science of Ergonomics in various 	ergonomi.Indonesia@gmail.com

		<p>technological, industrial and other activities that require an ergonomic approach, aimed at achieving a harmonious reciprocal relationship between humans, tools and their environment, as well as to maintain a balanced relationship between physical, social and psychological elements for improved quality of life.</p>	
2	Komunitas Ahli K3 Rumah Sakit (KAK3RS)	<ul style="list-style-type: none"> Improving the competence of K3 managers in the health sector (Hospitals and Health Facilities) according to SKKNI 	<p>email: kak3rs2018@gmail.com</p>
3	Perhimpunan Ahli Kesehatan Kerja Indonesia (PAKKI)	<ul style="list-style-type: none"> Developing and improving the occupational health profession 	
4	Indonesian Institute for Process Safety (IIPS)	<ul style="list-style-type: none"> Promoting excellence in process safety at the national, regional and international levels Facilitating public understanding on technical issues 	<ul style="list-style-type: none"> processsafetyindonesia@gmail.com https://processsafetyindonesia.com/
5	Perkumpulan Profesi Higiene Industri (PPHII)	<ul style="list-style-type: none"> Developing and Implementing OSH in the Industrial Hygiene Sector 	<p>d/a Gedung Balai K3, jl. A.Yani 69-70 Cempaka Putih, Jakarta Pusat</p>
6	IAKKI- (Indonesian Society of Safety & Health Professional).	<ul style="list-style-type: none"> Gathering and uniting the professions and practitioners of Safety & Health and Environmental Protection in a professional association Taking an active role and contributing to encourage the formation of Safety & Health Community Promoting and Educating Occupational Safety & Health and the public in the industrial, non-industrial work environment, education and other community activities. 	<p>Jl. Siaga II /no 21A, Pejaten, pasarminggu, Jakarta 12510</p>
7	Indonesian Society of Safety Professional (ISSP)	<ul style="list-style-type: none"> Gathering and uniting safety professionals and experts in a professional association organization Encouraging the formation of a society with a high safety culture through safety promotion and education 	<p>Email: issp.new@gmail.com</p>

		<ul style="list-style-type: none"> • Collaborating with all stakeholders both at home and abroad in advocating for safety regulations • Fostering the professionalism and member competence through knowledge, skills and certification/accreditation of safety experts 	
8	Himpunan Perawat Kesehatan Kerja Indonesia (PERKESJA Indonesia)	<ul style="list-style-type: none"> • Improving the professionalism of nurses who work in workplaces throughout Indonesia. • Maintaining, improving the health status and productivity of workers throughout Indonesia: <ol style="list-style-type: none"> 1. Improving nursing practice that focuses on the promotion and restoration of health, prevention of illness and injury, and protection from occupational and environmental hazards. 2. Building deep relationships with patients in the work environment by implementing the Occupational Health Nursing Care system. 3. Occupational Health Nurses are one of the important elements in the P2K3 structure in the company in meeting the Biopsychological needs of workers due to work conditions. 4. Establishing Occupational Health Nurse Competencies & Health Nurse quality standards 	email: perkesja.indonesia22@gmail.com
9	imsafe.id	<ul style="list-style-type: none"> • To be a pioneer in initiating a quality young generation to improve the practice of Safety, Health, and Environmental Sustainability of the Indonesian people. • Applying the values of Community Safety, Health and Environmental Sustainability practices in accordance with applicable regulations. • Innovating in developing the creativity and competence of the 	imsafe.id@gmail.com

		<p>younger generation through community-based and digital education on Safety, Health, and Environmental Sustainability.</p> <ul style="list-style-type: none"> • Collaborating with institutions/agencies, communities, and others who have the same goal to develop Safety, Health and Environmental Sustainability practices 	
10	Perkumpulan Ahli Keselamatan Konstruksi Indonesia (PAKKI)	Conducting Socialization, Expert Certification, Consulting, Training and Assisting in Creating Standards in the Construction Occupational Safety and Health.	a2k4ina@gmail.com
11	Komunitas Safety Health Environment & Design (SHED) Indonesia	Learning together and sharing knowledge about Occupational Safety and Health, Environment and Engineering Design related to Security, Safety, Health and Environment	komunitas.shedindonesia@gmail.com Address: Jl. MT. Haryono No.59a, Cigadung, Kec. Subang, Kabupaten Subang, West Java 41211
12	World Safety Organization (WSO) Indonesia.	Supporting government programs in maintaining OSH in the community: <ol style="list-style-type: none"> 1. WSO Indonesia Safety Culture Awards (WISCA) which has been launched since 2021. The activity is held annually in February to commemorate the National OHS month. 2. developing programs for worker and students to build a Occupational Safety and Health K3 culture as a safety champion in their respective environments. This online system started in 2020 3. developing the “Safety Passport” program aimed at Occupational Safety and Health experts with several categories. 4. WSO Safety Awards. WSO International annually granting safety awards in various categories since 2017. WSO Indonesia proposed candidates for the awards from Indonesia in order to give pride to Indonesian 	

		companies, activists and OSH observers.	
13	Indonesia ISO Expert Association (IIEA)	<ul style="list-style-type: none"> •IMPROVEMENT TALK •Training •Focus Group Through Social Media •Collaboration with other Institution •Selling Books & Merchandise •Donation 	<p>Address: Graha ISKA 165, 6th Floor, Jl Pramuka Raya No 165, Central Jakarta.</p> <p>Email: sekretariat.iiea@gmail.com</p> <p>Web:https://iieassociation.com/</p>
14	Akses Struktur-Akses Tali-Evakiasi (ARAI INDONESIA)	<ul style="list-style-type: none"> • ARAI INDONESIA is participating in: <ol style="list-style-type: none"> 1. Developing safe working methods & systems at height 2. Developing technical standards & guidelines for safe working as well as guidelines for fostering height workers nationally. 3. Carrying out quality standards & increasing the competence of experts and high-level workers 4. Conducting socialization & campaign about safety working at height in Indonesia 5. Providing explanations & technical advice on K3 altitude to the community. 6. Fostering its members in self-development & organization as well as applying and improving safe work procedures at height 7. Conducting research and harmonization with other safety standards that have the same interest. • ARAI INDONESIA assists the Government & cross-sector in <ol style="list-style-type: none"> 1. Assessing & applying safe working methods in order to reduce work accidents at height in Indonesia. 2. Assisting the development of quality human resources and certification of altitude workers 	<p>ARAI INDONESIA Kirana Cawang Business Park Jl. Panjaitan no 48, Blok A1-A3 Kebon Nanas Jakarta Timur 13340-Indonesia Hotline pelayanan 0813 8394 0909 Web, info@arai.or.id</p>

		<ol style="list-style-type: none"> 3. Participating in developing OSHMS especially in altitude OSH. 4. Providing advice and recommendations on work accident investigations as lessons learned for improving work procedures and regulations. 5. Increasing job opportunities & added value for Indonesian workers for both domestic and overseas activities. <ul style="list-style-type: none"> • Encouraging the development of “National Contents”. 	
15	Pengurus Pusat Perhimpunan Dokter Kesehatan Kerja Indonesia (PP-IDKI)	<ul style="list-style-type: none"> • Building the capacity and competence of company doctors • Improving and developing occupational health programs 	
16	Perhimpunan Dokter Spesialis Kedokteran Penerbangan Indonesia (PERDOSPI)	<ol style="list-style-type: none"> 1. Improving the health-related OSH competence of Aviation Medicine Specialists. 2. Applying and developing knowledge of OSH related to health, especially in the aviation sector. 3. Encouraging the application of OSH related to health in the aviation industry. 	<p>Central Cikini Building</p> <p>Jl. Cikini Raya, No. 60 S, Menteng, Jakarta Pusat, 10330, Indonesia.</p>
17	Forum K3 dan Lingkungan (FK3L) Riau	<ol style="list-style-type: none"> 1. Improving communication and cooperation among observers, practitioners. OSH & environment academics so that each member has the ability and insight to improve according to the demands of the job and is able to contribute to the environment and society 2. Encouraging the implementation of the HSE management system 3. Participating in preserving the environment in order to reduce. exhaust gas emissions. carry out energy monitoring, waste management with energy-saving technology and redesigning systems 	<p>forumk3l@gmail.com</p> <p>Jl. Datuk Setia Maharaja No.16, Tangkerang Sel., Kec. Bukit Raya, Kota Pekanbaru, Riau 28288</p>
18	Perkumpulan Profesi Ahli K3 Nasional (P2K3N)	<ul style="list-style-type: none"> • Improving and developing OSH programs 	

19	Perkumpulan Ahli Keselamatan dan Keteknikan Migas Indonesia (PAKKEM)	<p>Work areas:</p> <ol style="list-style-type: none"> 1. Competence of Oil and Gas Safety and Engineering Experts in a professional manner 2. HR development through expertise and skill improvement 3. Improvement of qualifications and competencies according to respective field 4. Active development of the oil and gas industry 5. Development, guidance and improvement of safety and its application for general public 6. Advocacy of members' interests 	<ul style="list-style-type: none"> • Graha FT, Jl Raya Pasar Minggu no 104B, South Jakarta, 12520 • Phone: 021 – 22708084 • Email: pakkem.migas@gmail.com • Facebook: Pakkem migas • Twitter: @pakkem_migas • Instagram: @pakkem.migas
20	Asosiasi Ahli Keselamatan dan Kesehatan Kerja (A2K3)	<ul style="list-style-type: none"> • Capacity and competence building of OSH Experts 	
21	Perhimpunan Dokter Spesialis Kedokteran Kelautan (PERDOKLA)	<ul style="list-style-type: none"> • Capacity and competence building of marine medicine specialists • Improvement of OSH program in marine sector 	
22	<i>Health, Environment, Safety & Quality institute of Indonesia (HESQINDO)</i>	<ul style="list-style-type: none"> • Improving the application of quality standards, OSH and work environment 	
23	(Perkumpulan) Ahli Keteknikan Keselamatan Komunitas Indonesia (AK3I)	<ul style="list-style-type: none"> • Training, consultation, open forum concerning OSH 	<p>Address::</p> <p>18 office park Lt.22, Suites E, F & G Jl. TB Simatupang No.18, South Jakarta 12520.</p> <p>Email: ferrel369@gmail.com</p>
24	<i>Quality Health Safety and Environment (QHSE) INDONESIA</i>	<ul style="list-style-type: none"> • Improve the application of quality standards, K3 and work environment • Peningkatan penerapan standar kualitas, K3 dan lingkungan kerja 	
25	Asosiasi Higiene Keselamatan dan Kesehatan Kerja Indonesia (AHKKI)	<ul style="list-style-type: none"> • Increasing the capacity and competence of industrial hygienists • Developing and improving the application of industrial hygiene 	
26	Asosiasi Perguruan Tinggi Vokasi K3 Indonesia (APTVK3I)	<ul style="list-style-type: none"> • Coordinating and consolidating the promotion and development of vocational OSH education 	
27	Asosiasi Pengawas Ketenagakerjaan Indonesia (APKI)	<ul style="list-style-type: none"> • Consolidating the profession of Labor Inspector in Indonesia 	<ul style="list-style-type: none"> • Gd Kemnaker RI Blok A, Lt.7 Jl Gatot Subroto Kav. 51 Jakarta

		<ul style="list-style-type: none"> • Promoting, educating, capacity/competence building in the field of labor inspection and OSH, • Providing consultation, advocacy in the field of labor inspection and OSH • Developing studies and recommendations for progress in the field of labor inspection and OSH 	<ul style="list-style-type: none"> • Email: dppapkipusat@gmail.com • FB: APKI Wasnaker • IG: APKI_Wasnaker • Youtube: APKI WASNAKER
28	Masyarakat Profesi Keselamatan Kebakaran Indonesia (MPK2i)	<ul style="list-style-type: none"> • Improving knowledge and knowledge of fire safety from standards, regulations, implementation and technical aspects related to fire safety. • Career development. • Building a network in the Fire Safety Community. • Improving competence through fire safety professional certification. • Conducting seminars, training and regional expansion. 	<p>Address:</p> <p>Sampoerna Strategic Square South Tower, Level 30, Jl. Jend Sudirman Kav 45-46</p>
29	Perkumpulan Penggiat Budaya K3 Indonesia (P2BK3i)	<ul style="list-style-type: none"> • Encouraging/improving the national OSH culture movement 	
30	Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)	<ul style="list-style-type: none"> • Developing and improve people's health 	
31	Perkumpulan Keselamatan dan Kesehatan Kerja Dalam Air Indonesia (PK3DAI)	<ol style="list-style-type: none"> 1. Developing, fostering and improving the Indonesian Human Resources in OSH Experts engaged in Diving, especially PK3DAI members, so that they become competent human resources with high performance and productivity in improving OSH diving standards and maintaining professional responsibilities and social commitment to achieve National goals. 2. Creating, encouraging and developing OSH STANDARD GUIDELINES IN DIVING WORK that is healthy and productive as well as conducive 	

		<p>to business growth of each member so as to enable the creation of dimensions of potential involvement and participation of National Diving Work business institutions that are increasingly widespread in the development of Industry and Trade in Indonesia .</p> <ol style="list-style-type: none"> 3. Fostering and developing effective cooperative relationships and/or partnerships by/and among members as well as with related parties, at home and abroad in the context of increasing the business and service capabilities of each member. 4. Channeling the aspirations of members and fighting for the common interest of competent parties by making decisions and establishing policies that directly or indirectly affect the elements of occupational health and safety as well as the progress of the Diving Work business. 	
32	Asosiasi Pendidik dan Guru K3 dan Lingkungan Indonesia (APGK3LI)	<ul style="list-style-type: none"> • Improving the quality, ability, expertise, and professionalism of Educators related to Occupational Safety, Health and Environment by: <ol style="list-style-type: none"> 1. Providing activity centers (training, seminars, workshops, and research) to develop teachers in the field of Occupational Safety and Health nationally. 2. Cultivating Occupational Safety and Health nationally through education. 3. Increasing work productivity through Occupational Health and Safety Education. 4. Providing an information center on Occupational Safety and Health: Magazines, articles, journals, OSH books nationally.. 	email : apgk3l.indonesia@gmail.com
33	Asosiasi Profesi Keselamatan Pertambangan Indonesia (APKPI)	<ul style="list-style-type: none"> • Developing programs and improving HR competencies in the mining sector 	• Hotline: +62 812 8193 9988

			<ul style="list-style-type: none"> ● Email: sekretariat@apkpi.co.id ● Website : www.apkpi.co.id ● Instagram : apkpi.official ● Youtube : APKPI ● Facebook : APKPI
34	Perkumpulan Purnabhakti Pengawas Ketenagakerjaan (P2BPK)	<ul style="list-style-type: none"> ● Collecting existing potential, supporting the government in dealing with social problems that exist in the community, especially those related to Manpower and K3 ● Providing advocacy assistance for association members, the general public and the industrial community in need. 	Address: Jl Raya Kampung Setu No. 47 Kelurahan Bintara Jaya Kecamatan Bekasi Barat – Kota Bekasi, West Java Province
35	Forum QHSE BUMN Konstruksi	<ul style="list-style-type: none"> ● HR development, ● Developing QHSE innovation and standardization, ● monitoring and evaluating QHSE implementation in construction projects. 	<ul style="list-style-type: none"> ● Address: Wika Tower Lt 5 ● Email: subkhan@waskita.co.id ● Sosmed: @forum qhse
36	Masyarakat Standardisasi Nasional (MASTAN)	Improved implementation of National OSH standards	
37	Perkumpulan Tenaga Kerja Ahli Dan Terampil Konstruksi Indonesia (GATAKI)	<ul style="list-style-type: none"> ● Implementating OSH through experts and skilled workers in the construction sector 	
38	Perhimpunan HSE Indonesia	<ul style="list-style-type: none"> ● Promoting and educating OSH for the community 	
39	Asosiasi Pengangkut dan Pengelola B3/LB3	<ul style="list-style-type: none"> ● Development and implementation of OSH related to the handling of waste and toxic and hazardous waste 	
40	Forum Mahasiswa Keselamatan dan Kesehatan Kerja Nasional (FMK3N)	<ul style="list-style-type: none"> ● Improving the role of university students in OSH programs 	
B	Other Occupational Safety and Health Organizations/Associations		
1	Perhimpunan Dokter Spesialis Kedokteran Okupasi Indonesia (PERDOKI)	<ul style="list-style-type: none"> ● The Indonesian Association of Occupational Medicine Specialists (PERDOKI)'s activities <ol style="list-style-type: none"> 1. Establishing partnerships with the government, the community, other professional organizations 	Address: PERDOKI PB IDI Jl.DR.GSSY Ratulangi No.29 Menteng, Central Jakarta

		<p>that have similar goals, both from within the country and abroad, in implementing programs related to Occupational Medicine.</p> <ol style="list-style-type: none"> 2. Gathering all Occupational Medicine Specialists in Indonesia in the spirit of fellowship. 3. Improving the professional ability of members through the organization of scientific activities. 4. Improving the application of Occupational Safety and Health especially Occupational Medicine as the core of occupational health efforts. 5. Maintaining and improving matters related to the position of the Occupational Medicine Specialist in accordance with the dignity of the medical profession. 6. Conducting other business cooperation as long as it does not conflict with PERDOKI's Articles of Association. 7. Developing science and technology in Occupational Medicine. 8. Fostering and developing member professions. 9. Improving the welfare of members. 10. Preparing guidelines or standards for occupational medical services, for example making Clinical Practice Guidelines and PNPK PAK etc. 11. Conducting training on diagnosis of PAK. 12. Cooperating or partnering with the private sector or government institutions in the implementation of the OHS program 	Hp. 085711191856 (Linda)
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		<p>13. Developing training modules and providing training for doctors such as PAK Management Training, Occupational Health Service Training in K3RS etc.</p> <p>14. Standardizing occupational medicine services.</p>	
2	<p>Indonesian Industrial Hygienist Association (IIHA)</p>	<ul style="list-style-type: none"> • Type of activities managed: <ol style="list-style-type: none"> 1. Improving awareness regarding industrial hygiene in Indonesia and globally 2. Improving industrial hygiene competence for its members and the wider community 3. Collaborating with stakeholders (government, employers, workers, academia, etc.) in improving awareness and competence of industrial hygiene in Indonesia and globally 4. Becoming part of the Asian and Global regional industrial hygiene associations in improvind knowledge, practice and ethics in carrying out the industrial hygiene profession 	<ul style="list-style-type: none"> • Address: Sekertariat IIHA Gd. C lantai 3, Public Health Faculty, University of Indonesia • Wesite: www.iiha.id • Email: admin@iiha.id; email.iiha@gmail.com
3	<p>Asosiasi Praktik K3 di Bidang Telekomunikasi (Jaring K3 Telko)</p>	<ul style="list-style-type: none"> • Fostering and improving the competence of Occupational Safety and Health HR working in the telecommunications infrastructure sector. 	

Attachment VIII

List of High-Learning Institutions with OSH Study Program in Indonesia

A. REGION 1

1. STIKES (Health Science School) of Padang
2. UIN (State Islamic University) of Syarif Hidayatullah Jakarta
3. **POLTEKNAKER (Labour Polytechnic)**
4. Binawan University
5. Muhammadiyah University of Prof. Dr. HAMKA
6. State University of Jakarta
7. University of Indonesia
8. Akamigas Balongan
9. University of Respati Indonesia
10. UPN (the National Development University) of Veteran Jakarta
11. University of Indonesia Maju
12. University of Wiralodra
13. University of Medika Suherman.

B. REGION 2

1. State University of Semarang
2. University of Veteran Bangun Nusantara of Sukoharjo
3. University of Ahmad Dahlan
4. State University of Sebelas Maret
5. Bhamada University of Slawi
6. University of Diponegoro
7. University of Dian Nuswantoro
8. Respati University of Jogjakarta
9. University of Ngudi Waluyo

C. REGION 3

1. International University of Bali
2. University of Airlangga
3. State Shipping Polytechnic of Surabaya (PPNS)
4. Darussalam University of Gontor
5. Nahdlatul Ulama University of Surabaya
6. Polytechnical of Health (POLTEKKES) of Kerta Cendekia
7. Sepuluh Nopember Institute of Technology (ITS) of Surabaya

D. REGION 4

- 1 University of Balikpapan
2. University of Tadulako
3. University of Halu Uleo
4. Academy for the Industrial Hygiene and Occupational Health of Makassar

(Source: the National OSH Student Forum)