# 1962 No. 272

# FACTORIES

## The Construction (Notice of Accident, etc.) Order, 1962

*Made* - - - - 8*th February*, 1962
*Coming into Operation* 19*th February*, 1962

The Minister of Labour by virtue of the powers conferred on him by section 64 of the Factories Act, 1937(a), as extended by the Dangerous Occurrences (Notification) Regulations, 1947(b), and of all other powers enabling him in that behalf, hereby makes the following Order:—

**1.**—(1) This Order may be cited as the Construction (Notice of Accident, etc.) Order, 1962, and shall come into operation on the 19th day of February, 1962.

(2) The Order, prescribing the written notice of an accident or of a dangerous occurrence in the carrying on of a building operation or work of engineering construction, made by the Minister of Labour on the 5th December, 1958, shall cease to have effect.

**2.** The Interpretation Act, 1889(c), shall apply to the interpretation of this Order as it applies to the interpretation of an Act of Parliament, and as if this Order and the Order hereby revoked were Acts of Parliament.

**3.** Written notice of an accident to be given under section 64 of the Factories Act, 1937, or of an occurrence of one of the classes to which the said Dangerous Occurrences (Notification) Regulations, 1947, apply, shall, in respect of an accident or occurrence in the carrying on of a building operation or work of engineering construction, be in the form set out in the Schedule to this Order and shall contain the particulars therein specified.

Dated this eighth day of February, 1962.

*John Hare*,
Minister of Labour.

(a) 1 Edw. 8 & 1 Geo. 6. c. 67. (b) S.R. & O. 1947/31 (Rev. VII, p. 480: 1947 I, p. 719).
(c) 52 & 53 Vict. c. 63.

SCHEDULE *Article* 3

*Form of written notice of accident or dangerous occurrence in the carrying on of a building operation or work of engineering construction*

**FOR OFFICIAL USE** **Form 43B**

| District and date of receipt |
|---|
| |
| M.R. Group Ref. to M. of T., etc. |

1. (a) Person (or company or firm) undertaking building operations or works of engineering construction. Registered Office or Address ..... Trade ..... Name .....
   (b) Actual employer of injured person if other than above. Address ..... Trade .....
2. **SITE** where accident or dangerous occurrence happened
   (a) Address (and telephone number) of site.....
   (b) Exact place on site .....
3. **NATURE OF WORK** carried on at:—
   (a) **Building Operations** (*Tick items which apply*) of (i) Construction ..... (ii) Maintenance ..... (iii) Demolition ..... (iv) Industrial Building..... (v) Commercial or Public Building ..... (vi) Dwellings over 3 storeys ..... (vii) Dwellings of 3 storeys or less..... (viii) Other.....
   (b) **Work of Engineering Construction** (Specify type).....
4. **INJURED PERSON**
   (a) Full Name (Surname first)..... Sex.....Age.....
   (b) Address .....
   (c) Occupation (*Tick item which applies*)
   Bricklayer .....Carpenter/Joiner .....
   Painter .....Plasterer .....
   Plumber.....Scaffolder .....
   Steel Erector .....Demolition Worker ...
   Labourer .....Steeple Jack .....
   Slater/Tiler/Other Roofing Worker.....
   Other Occupation (Specify) .....
   Note:—Semi-skilled men or apprentices should be classified under the appropriate occupation.
5. **ACCIDENT OR DANGEROUS OCCURRENCE**
   (a) Date.....Time.....
   (b) Full details of how the accident or dangerous occurrence happened. If a fall of person or materials, plant, etc., state height of fall. (If necessary continue overleaf.).....
   .....
   (c) State exactly what injured person was doing at the time.....
   (d) If due to machinery, state:—
   (i) Name of machine and part causing accident .....
   (ii) Whether in motion by mechanical power at the time .....
6. **INJURIES AND DISABLEMENT**
   (a) Nature and extent of injury (e.g. fracture of leg, laceration of arm, scalded foot, scratch on hand followed by sepsis) .....
   .....
   (b) Whether fatal or non-fatal.....
   (c) If not fatal was injured person disabled for more than three days from earning full wages at the work at which he was employed?.....
7. Has accident (or dangerous occurrence) been entered in the General Register? .....

Signature of Contractor, Employer, or Agent .....
Date.....

| FOR OFFICIAL USE |
|---|
| 1. Serial No. |
| 2. M.W.B.G. |
| 3. Age Group |
| 4. F., N.F., D.O. |
| 4 (a). |
| 4 (*b*). |
| 5. Process |
| 6. S.I.C. |
| 7 (a). Causation |
| 7 (b). |
| 7 (c). |
| 7 (d). |
| 7 (e). |
| 7 (f). |
| 7 (g). |
| 7 (h). |
| 7 (j). |
| 7 (k). |
| 7 (l). |
| 8. Occupation |
| 9. Injury |
| 10. |
| 11. |
| 12. |
| 13. |

## EXPLANATORY NOTE

*(This Note is not part of the Order, but is intended to indicate its general purport.)*

This Order prescribes the form of written notice of an accident or dangerous occurrence required to be sent to the factory inspector for the district in cases where the accident or dangerous occurrence happens in the course of building operations or works of engineering construction.

The form prescribed by this Order is in substitution for that prescribed for such cases by the Order of the Minister of Labour dated the 5th December, 1958, which is revoked.