

VOLUME 6

SECTION 11

INDUSTRIAL SAFETY REQUIREMENTS

**The Responsibility of
The Ministry of Labour and
Social Security
1F North Street
Kingston**

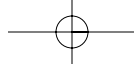
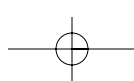
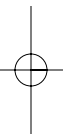
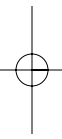


TABLE OF CONTENT

CHAPTER I |

INDUSTRIAL SAFETY

APPENDICES



CHAPTER I

INDUSTRIAL SAFETY

I.0 INDUSTRIAL/OCCUPATIONAL SAFETY AND HEALTH REQUIREMENTS

The Industrial Safety Section of the Ministry of Labour and Social Security is responsible for monitoring and enforcing the requirements of the Factories Act and its accompanying Regulations, for occupational safety and health in Jamaica.

I.1 THE FACTORIES ACT

The main Act is entitled the Factories Act Cap. 124 and its accompanying Regulations are:

- i The Factories Regulations 1961
- ii The Building Operations and Works of Engineering Construction 1968 (BOWEC)
- iii The Ship and Docks Regulations 1968

I.2 FACTORY REQUIREMENTS

The requirements of the Factories Regulations also apply. The main requirement is for developers to register all factories. The appropriate application forms for this requirement is at Appendix I. There are seventeen (17) definitions in the Act for a factory hence the definition for a factory according to the Act is very wide and includes but is not limited to the following:

- i All industrial undertakings
- ii Bakeries
- iii Servicing of motor vehicles
- iv Where 10 or more persons are engaged in manual production
- v When electricity is generated or used to drive production F.4. Section 2(c)
- vi Ships
- vii Service stations

1.3 NEW LEGISLATION

The Ministry of Labour and Social Security is in the process of introducing new legislation entitled the Occupational Safety and Health Act. This Act will be more far reaching in its jurisdiction than the present Act. For this reason all forms presently being used may be discontinued or redesigned to facilitate the new Act. Hence only the pertinent forms that are likely to survive the transition to the new legislation are included in this section.

1.4 REQUIREMENTS OF THE BOWEC REGULATIONS

The information in this section of the manual is related mainly to the requirements of the Building Operations and Works of Engineering Construction (BOWEC) Regulations. In particular, special attention should be given to the following requirements that are vital to the beginning stages of developments.

1.4.1 Notification of Building sites or works of Engineering Construction

Developers/contractors are required no later than seven (7) days after the beginning of the site, to serve on the Chief Factory Inspector a written notice of this undertaking. (BOWEC Regulations, Sect. 24 (3). (See Appendix 2 for sample form.)

1.4.2. Accident Report Forms

When an accident occurs which either cause loss of life or disables any person, the manager of the factory or building site shall forthwith report the occurrence of such accident to the Chief Factory Inspector (Factories Act Section 21 (1)). See Appendix 3 for sample form.

1.4.3. Appointment of Safety Officer

Every contractor and every employer of workmen who undertake operations for works and who employs more than 50 persons at any one time shall specifically appoint in writing one or more persons experienced in such operations or work and suitably qualified to be charged with the supervision of safety - BOWEC Section (72).

1.5 REQUIRED FORMS

There are a number of required forms which must be completed and submitted to the Industrial Safety Section of the Ministry of Labour and Social Security as the building of works of engineering construction progresses. Some of these forms are specific in their requirements and therefore pertain only to special purposes. The headings on the forms are self-explanatory. They include:

- i Excavations examination forms (See Appendix 4)
- ii Scaffold examination forms (See Appendix 5)
- iii Lifting appliance (See Appendix 6)
- iv Ropes examination forms (See Appendix 7)
- v) Report on examination and test of steam boiler (See Appendix 8)
- vi Report on examination and test of steam receiver and air receiver (See Appendix 9)
- vii Report on examination and test of lifting machine (See Appendix 10)

The above listed forms are the main ones that are frequently required, however there are other forms that are also required from time to time.

N.B. Developers are requested to contact the Industrial Safety Division of the Ministry for more detailed information and advice when they are considering the establishment of any industrial development to enable them to meet the necessary requirements.

1.6 CONTACT INFORMATION

For further information please contact:

The Director
The Industrial Safety Division
1F North Street
Kingston
P.O. Box 481
Tel: (876) 922-9500-14
Fax: (876) 922-6902
e-mail mlss-oshd@cwjamaica.com

Appendix I

APPENDIX 1

FORM F 1/3

**THE FACTORIES ACT: VOLUME VI
APPLICATION FOR REGISTRATION OR REREGISTRATION**

Chief Factory Inspector
Ministry of Labour & Social Security
1F North Street
P.O. Box 481
Kingston

Dear Sir/Madam,

I hereby apply for *registration/ re-registration, under the Factories Act, of a factory particulars of which are given below:

Name Factory		Location of Factory			Parish	
Full Name of Owner		Postal Address of Owner				
Full Name of Manager		Postal Address of manager			Telephone Number	
Process or Products	Nature of Mechanical Power used	No. of Employees			Total Hours Per Week	
		Male	Female	Total	Male	Female
Name and Position of Safety Supervisor		Type of Fire Warning Device				
HEALTH AND WELFARE FACILITIES PROVIDED						
State Area of each of the following		Square Meters	State No. of each of the following		For Women	For Men
Lunch Room			Wash Basins			
Rest Room			Shower Baths			
Changing Room	Men		Sanitary Conveniences other than Urinals			
	Women		Urinals			

Appendix I

~ DESCRIPTION OF BUILDING (S)						
Building or Storey	Type of Material used for construction			Area (Square Meter)	No. of Exits	Name of Explosive, Inflammable or Toxic materials Stored or used
	Floor	Wall	Roofing			

A descriptive list of the machinery installed is given overleaf and Treasury Revenue Receipt. No.....Dated..... for the prescribed fee \$.....is attached.

Yours Faithfully

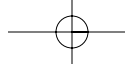
.....
Owner/Manager

Date.....

- * Delete whichever is not applicable
- ~ Give information in respect of each Building or Floor

DESCRIPTIVE LIST OF MACHINERY

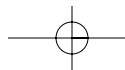
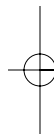
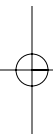
Name of Machinery	Source of Power	Horse Power



Appendix I

SCALE OF FEES

NUMBER OF EMPLOYEES	AMOUNT OF FEES
10 and under	\$3.00
11 to 30	\$7.50
31 to 60	\$18.00
61 to 100	\$30.00
101 to 200	\$45.00
201 to 400	\$60.00
401 to 600	\$90.00
601 to 800	\$120.00
over 800	\$150.00



Appendix 2

**THE FACTORIES LAW – CHAPTER 124
NOTIFICATION OF BUILDING OPERATIONS
OR
WORKS OF ENGINEERING CONSTRUCTION**

To the Chief Factory Inspector:

I hereby give notice that *building operations/works of engineering construction commenced at.....in the parish of.....on theday of20....

Relevant particulars are as follows:-

(i) Name and address of persons undertaking the operations or works.

(ii) Name and postal address of owner of premises.....

(iii) Name and address of person or firm for whom..... the work is being undertaken.

(iv) Nature of operations or works

(v) Purpose of Project

(vi) Estimated date of completion

(vii) Nature of mechanical power, if any which will be used

I certify that the above information is to the best of my knowledge and belief correct and that I am the person undertaking the operations or works at the abovementioned premises.

Signature:

*Contractor/Owner

Date:

*Delete whichever is not applicable.

Appendix 3

**Ministry of Labour
& Social Security**

F 1/10

**THE FACTORIES ACT VOL VI
AS AMENDED BY
SECTION 21 OF THE ACT**

**REPORT OF ACCIDENT
PART A
(To be forwarded immediately)**

1. Name and address of Factory or Works.....
2. Processes or Products.....
3. Date of Accident..... Time..... Day of Work.....
4. Department in which accident occurred.....
5. Exact location in the Department where accident occurred.....
6. Give the following details in respect of the injured person: -
 - (i) Name.....
 - (ii) Home address.....
 - (iii) Sex..... Age.....
 - (iv) Normal Occupation.....
 - (v) Occupation at time of accident if different from (iv) above.....
 - (vi) Time at which work was commenced on day of accident.....
7. How did the accident happen?.....
.....
8. What was the injured person doing at the time of the accident?.....
.....
9. If caused by machinery:
 - (i) Give name of the machinery and part causing injury.....
 - (ii) Was the machine being moved by mechanical power at the time of the accident?.....
 - (iii) Was part causing injury guarded at the time of the accident?.....
10. What injuries or damage resulted from the accident (e.g. fatal, loss of finger, fracture of leg, scald, scratch followed by sepsis etc.).....
11. Was first aid treatment rendered and by whom?.....
12. Has the accident been investigated by Management?.....
13. Name and substantive post of Safety Supervisor appointed under Reg. 57.....
.....
14. Any other comments.....
.....

Signature.....

Manager or Person in control of Factory or Works

Date.....

Appendix 3

REPORT OF ACCIDENT

PART B

To be forwarded to the Chief Factory Inspector when worker has resumed.

- 1. Name and Address of Factory or Works.....
- 2. Name of injured person.....
- 3. Date of Accident..... Time.....
- 4. Date of resumption of Work.....
- 5. Number of days, which injured person, was prevented by the injury from earning full wages at his normal occupation.....

Signature.....

Manager or Person in Control of Factory or Works

Date.....

THE FACTORIES ACT, VOL. VI
THE FACTORIES ACT
SECTION 21

“(1) Where any accident occurs in a factory which either: -
 (i) Causes loss of life to a person employed in the factory; or
 (ii) disables any such person for more than two days from earning full wages at the work at which he was employed, the Manager of the factory or person having control of the machinery in such factory shall forthwith report the occurrence of such accident to the Chief Factory Inspector and in connection therewith he shall furnish such particulars as the Chief Factory Inspector in any case from time to time require.

The Manager of the factory or person having control of the machinery as aforesaid shall also from time to time in like manner report to the Chief Factory Inspector –

- (i) all accidental fires and explosions;
- (ii) the collapse or failure of any building or structure;
- (iii) accidents to machinery or plant which result in the cessation of work beyond the shift or day on which the accident occurs;
- (iv) any industrial disease which may be prescribed by the Chief Factory Inspector, which may occur in the factory.”

Appendix 4

**FORM No. 14
(Regulation 74 (2))**

**FIRST SCHEDULE
THE FACTORIES ACT
The Building Operations and Works of engineering Construction (Safety, Health and
Welfare) Regulations, 1968**

EXCAVATIONS

Form of Reports of Special Weekly Examinations of Excavations

Description of Excavation	Date of Examination	Results of Examination	Signature of Person Making Examination	Date of Examination

Appendix 5

**FORM No. 1
(Regulation 17)**

SCAFFOLDS

Form of Reports of Results of inspection under regulation 17 of Scaffolding, including Boatswain's, Chairs, Cages, Skips and Similar Plant or Equipment (and Plant or Equipment used for the Purposes Thereof)

Name or Title of Employer or Contractor.....
Address of Site.....
Work Commenced (Date).....

Location and Description of Scaffold, etc, and other Plant or Equipment Inspected (1)	Date of Inspection (2)	Result of Inspection State whether in good order (3)	Signature of person who made the Inspection (4)

Appendix 6

FIRST SCHEDULE (CONTD)

**FORM No. 2
(Regulation 34 (2))**

LIFTING APPLIANCES

**Cranes, Crabs, Hoists, Pulley-Blocks, Winches, Gin Wheels, Sheer Legs, Excavators,
Draglines, Overhead Runways, Aerial Cableways, Aerial Ropeways, Piling Frames**

Form of Reports of Results of Weekly Inspections

Name or Title of employer or Contractor.....
Address of Site
Work Commenced (Date)

Description of Lifting Appliance and means of Identification (1)	Date of Inspection (2)	Result of Inspection (including all working gear and anchoring fixing plant or gear, and where required the derricking interlock), automatic safe load indicator and the state, whether in good order (3)	Signature of Person who made the Inspection (4)

**FORM No. 4
(Regulation 51 (4))**

Form of Certificate of Test and Thorough Examination

1. Name and address of owner of crane		
2. Name and address of maker of crane		
3. Type of crane and nature of power (e.g.) Scotch derrick-manual; Tower derrick-electric; Rail mounted tower-electric		
4. Date of manufacture of crane		
5. Identification number	(a) Makers serial number	
	(b) Owners distinguishing mark or number (if any)	
6. Make and type of derricking interlock, if required		
7. Make and type of automatic safe load indicator (if any)		
8. Date of last previous test of crane		

Appendix 6

9. Date of last previous thorough examination of crane				
10. Safe working load or loads. In the case of a crane with a variable operating radius (including a crane with a derricking jib or with interchangeable jibs of different lengths) the safe working loads at various radii or jib, jibs, trolley or crab must be given. Test loads at various radii should be given in column (3)	(1) Length of Jib (Feet)	(2) Radius (Feet)	(3) Test Load (Tons)	(4) Safe Work Load (Tons)
11. In the case of a crane with a derricking jib or jibs the maximum radius at which the jib or jibs may be worked (in feet).				
12. Defects noted and alterations or repairs required before crane is put into service. (if none enter "None")				

I hereby certify that the crane describe in this certificate was tested and thoroughly examined on..... and that the above particulars are correct, and that I am not the owner or user of the crane, nor employed by the owner or user other than as an independent contractor.

Signature..... Qualification

Name and address of persons, company or
 association By whom the person conducting
 the test and examination is employed

Date of Certification.....

Appendix 6

9. Date of last previous thorough examination of crane				
10. Safe working load or loads. In the case of a crane with a variable operating radius (including a crane with a derricking jib or with interchangeable jibs of different lengths) the safe working loads at various radii or jib, jibs, trolley or crab must be given. Test loads at various radii should be given in column (3)	(1) Length of Jib (Feet)	(2) Radius (Feet)	(3) Test Load (Tons)	(4) Safe Work Load (Tons)
11. In the case of a crane with a derricking jib or jibs the maximum radius at which the jib or jibs may be worked (in feet).				
12. Defects noted and alterations or repairs required before crane is put into service. (if none enter "None")				

I hereby certify that the crane describe in this certificate was tested and thoroughly examined on..... and that the above particulars are correct, and that I am not the owner or user of the crane, nor employed by the owner or user other than as an independent contractor.

Signature..... Qualification

Name and address of persons, company or
 association By whom the person conducting
 the test and examination is employed

Date of Certification.....

Appendix 7

FIRST SCHEDULE (CONTD)

**FORM No. 11
(Regulation 68 (1) (a))**

HOISTS

Form of Certificate of Test and Thorough Examination

A certificate in this form is required for every hoist manufactured or substantially altered or substantially repaired after the 1st day of October 1968.

Certificate No

1. Name and address of owner of hoist.
2. Name and address of maker of hoist.
3. Type of hoist, nature of power and type of drive (e.g. friction, worn, etc.).
4. Date of manufacture of hoist, or date of completion of substantial alteration or substantial repair.
5. Identification number or mark:
 - (i) Maker's
 - (ii) Owner's
6.
 - (i) test load applied (cwt)
 - (iii) Safe working load (cwt)
7. In the case of a passenger hoist, maximum number of persons to be carried at one time.
8. I hereby certify that on the hoist described in this certificate was tested and thoroughly examined and that the above particulars are correct, and that I am not the owner or user of the hoist nor employed by the owner or user other than as an independent contractor.

Signature

Qualification

Person or firm by whom person conducting

The test and examination is employed

Date of Certificate

Appendix 8

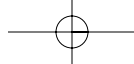
**THE FACTORIES LAW. CAP. 124
THE FACTORIES REGULATION, 1961
FIRST SCHEDULE**

(Regulations 33 and 38)

FORM A

REPORT ON EXAMINATION AND TEST OF STEAM BOILER

1. Name of Factory.....
2. Address.....
3. Name of Owner.....
4. Name of Manager.....
5. Description or distinctive number of boiler, and type.....
6. Age.....
7. The history should be briefly stated or reference made to record in earlier reports.....
8. Date of hydraulic test and pressure applied.....
9. Quality and source of feed water.....
10. Boiler-
 - (i) Was the boiler scaled, prepared, and (so far as its construction permits) made accessible, sufficiently for thorough examination and for such tests as may be necessary in order to complete the thorough examination?.....
 - (ii) What parts of seams, drums or headers are covered by brick work?.....
 - (iii) Date of last exposure of such parts for the purpose of examination.....
 - (iv) What parts (if any) other than parts covered by brick work and mentioned above were inaccessible.....
 - (v) What examination and tests were made?.....
 - (vi) Condition-
State any defects materially affecting the } External.....
Permissible working pressure } Internal.....
11. Mountings-
 - (i) Are there proper mountings, including safety valve, water gauge and steam gauge.....
 - (ii) Are all mountings properly maintained and in good working order?
 - (iii) Are the water gauges protected?.....
 - (iv) Is there a low water alarm device or fusible plug fitted? Which?.....
12. Permissible working pressure for the ensuing 12 months (subject to any conditions stated in paragraphs 13 and 14) calculated from dimensions and from the thickness and other data ascertained by the present examination, due allowance being made for conditions of working if unusual or exceptionally severe.....
13. Repairs (if any) required, and period within which they should be executed.....

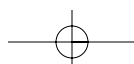
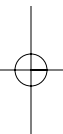
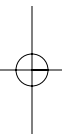


Appendix 8

14. Other observations.....
.....
.....

I certify that on.....I thoroughly examined the boiler above described, that the above information is a true report of the result, and that I am not the owner of the boiler nor am I employed by the owner in any capacity other than as an independent Contractor.

Signature.....
Qualification.....
Address.....
Date.....



Appendix 9

**THE FACTORIES LAW. CAP. 124
THE FACTORIES REGULATION, 1961**

(Regulations 40, 43, 44)

FORM B

**REPORT ON EXAMINATION AND TEST OF STEAM RECEIVER
AND AIR RECEIVER**

- 1. Name of Factory.....
- 2. Address.....
- 3. Name of Owner.....
- 4. Name of Manager.....
- 5. Description or distinguishing number or mark (if any) of air receiver or steam receiver....
.....
- 6. Nature of Examination.....
- 7. Hydraulic pressure applied.....
- 8. Condition -
State any defects materially affecting } External.....
The permissible working pressure } Internal.....
- 9. Mountings-
(i) Are there proper mountings including safety valves and pressure gauge.....
(ii) Are all mountings properly maintained and in good working order?.....
(iii) Is the permissible working pressure marked on the receiver?.....
- 10. Permissible working pressure for the ensuing 12 months.....

I certify that on.....I thoroughly examined the.....above described and that the above is a true report of the result.

(Steam receiver or air receiver)

Signature.....
 Qualification.....
 Address.....
 Date.....

Appendix 10

**THE FACTORIES LAW. CAP. 124
THE FACTORIES REGULATION, 1961**

(Regulation 49)

FORM C

REPORT ON EXAMINATION AND TEST OF LIFTING MACHINE

- 1. Name of Factory
- 2. Address
- 3. Name of Owner
- 4. Name of Manager
- 5. Distinguishing number or mark (if any) and description sufficient to identify the crane or other lifting machine
- 6. Date of examination made under regulation 49 and by whom it was carried out.....
- 7. Particulars of any defect found on examination and affecting the safe working load, and of the steps taken to remedy such defect.....
- 8. The safe working load for the ensuing 12 months

I certify that onI thoroughly examined the..
..... above described and that the above is a true report of the result.

(crane or other lifting machine)

* (Further Certificate in case of Crane only)

I further certify that I am not the owner of the crane nor am I employed by the owner in any capacity other than as an independent Contractor.

Signature.....
 Qualification.....
 Address

Date

*Delete if not applicable