

**OCCUPATIONAL SAFETY AND HEALTH ACT**

Form prescribed by the Minister for **Notice of Accident**

To be sent (immediately on the accident becoming reportable) to the Inspector

- 1. Name of Occupier.....
- 2. Address of works where accident happened.....
- 3. Nature of Industry .....
- 4. Branch of Department and exact place where the accident happened.....  
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- 5. Injured person's name (in full) .....
- Address.....  
.....
- 6. (a) Sex; (b) Age (last birthday) and (c) Occupation. (a)..... (b)..... (c).....
- 7. Date and hour of accident .....
- 8. Hour at which he/she started work on day of accident.....
- 9. Cause or nature of accident.....
  - (a) If caused by machinery –
    - (i) Give name of the machine and part causing accident (a) (i) .....
    - (ii) State whether it was moved by mechanical power at the time (ii) .....
  - (b) State exactly what injured person was doing at the time (b) .....
- 10. Describe briefly nature and extent of injuries (e.g., fatal, loss of finger, fracture of leg, scald, etc.)  
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.....
- 11. If the accident is not fatal, state whether injured person was disabled for more than three days from earning full wages at the work at which he/she was employed.....
- 12. Has the accident been entered in the General Register?.....

Date .....

*Signature of Occupier, Manager or Agent*

**INSTRUCTIONS**

- 1. where there occurs in a Factory (*See* also para. 4 below) –
  - (a) An accident causing loss of life to a person employed therein; or
  - (b) An accident which disables any person employed therein for more than three days from earning full wages at the work at which he or she was employed.

The occupier must forthwith send notice thereof on this Form to the Inspector.

- 2. If an accident notified as above as causing disablement result in the death of the person disabled, the occupier must send to the Inspector notice of the death as soon as it comes to his knowledge.
- 3. If the occupier is not the actual employer of the person killed or injured by an accident as above, the actual employer must immediately report the accident to the occupier.

- 2. The above requirements apply equally to accidents of the same class in –  
Electrical Stations;

Premises forming part of an Institution carried on for charitable or reformatory purposes being in which manual labour is exercised in or incidental to the making , altering, repairing, ornamenting, finishing, washing, cleaning or adapting for sale of articles not intended for the use of the institution;

Warehouses in or for the purposes of which mechanical power is used;

Docks, wharves and quays (including any warehouse belonging to the owners, trustees or conservators of the dock, wharf or quay);

Loading, unloading or coaling of any ships in any dock, harbour or canal;

Work carried out in a harbour or wet dock in constructing, reconstructing, repairing, refitting, painting, finishing, or breaking up a ship or in scaling, surfing, or cleaning, boilers (including combustion chambers and smoke boxes in a ship), or in cleaning oil fuel tanks or bilges in a ship;

Building operations undertaken by way of trade or business, or for the purposes of any industrial or commercial undertaking;

Works of engineering construction undertaken by way of trade or business or for the purposes of any industrial or commercial undertaking;

Lines or sidings (not being part of the Trinidad Government Railway or a municipal tramway) which are used in connection with or for the purposes of a factory, or a dock, wharf or quay, or building operations or works of engineering construction.

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**OBSERVATIONS OF INSPECTOR**

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