THE OCCUPATIONAL SAFETY AND HEALTH (AMENDMENT) ACT 2022

Act No. 20 of 2022

I assent

PRITHVIRAJSING ROOPUN, G.C.S.K.

2nd December 2022

President of the Republic

ARRANGEMENT OF SECTIONS

Section

1. Short title
2. Interpretation
3. Section 2 of principal Act amended
4. Section 5 of principal Act amended
5. Section 7 of principal Act repealed and replaced
6. Section 10 of principal Act amended
7. Section 15 of principal Act amended
8. Section 21 of principal Act amended
9. Section 23 of principal Act amended
10. New Part IIA inserted in principal Act
11. Section 29 of principal Act repealed and replaced
12. Section 30 of principal Act amended
13. Section 32 of principal Act repealed and replaced
14. Section 33 of principal Act repealed and replaced
15. Section 39 of principal Act amended
16. Section 55 of principal Act amended
17. Section 77 of principal Act amended  
18. Section 79 of principal Act amended  
19. Section 85 of principal Act amended  
20. Section 86 of principal Act repealed and replaced  
21. Section 87 of principal Act amended  
22. Section 88 of principal Act amended  
23. Section 90 of principal Act amended  
24. Section 94 of principal Act amended  
25. Section 100 of principal Act amended  
26. Section 105 of principal Act repealed and replaced  
27. First Schedule to principal Act amended  
28. Fourth Schedule to principal Act amended  
29. Fifth Schedule to principal Act amended  
30. Sixth Schedule to principal Act amended  
31. Seventh Schedule to principal Act amended  
32. Eighth Schedule to principal Act amended  
33. Ninth Schedule to principal Act amended  
34. Eleventh Schedule to principal Act amended  
35. Thirteenth Schedule to principal Act repealed and replaced  
36. Fourteenth Schedule to principal Act repealed and replaced  
37. Fifteenth Schedule to principal Act repealed and replaced  
38. Sixteenth Schedule to principal Act repealed and replaced  
39. Seventeenth Schedule to principal Act amended  
40. Eighteenth Schedule to principal Act repealed and replaced  
41. Nineteenth Schedule to principal Act amended  
42. Twentieth Schedule to principal Act amended  
43. Twenty-first, Twenty-second, Twenty-third, Twenty-fourth, Twenty-fifth and Twenty-sixth Schedules added to principal Act  
44. Consequential amendment  
45. Commencement 

FIRST SCHEDULE  
SECOND SCHEDULE  
THIRD SCHEDULE  
FOURTH SCHEDULE  
FIFTH SCHEDULE  
SIXTH SCHEDULE
An Act

To amend the Occupational Safety and Health Act to address new and emerging occupational safety and health risks due to major changes in the world of work

ENACTED by the Parliament of Mauritius, as follows –

1. Short title

This Act may be cited as the Occupational Safety and Health (Amendment) Act 2022.

2. Interpretation

In this Act –

“principal Act” means the Occupational Safety and Health Act.

3. Section 2 of principal Act amended

Section 2 of the principal Act is amended –

(a) by deleting the definitions “Director, Occupational Safety and Health” and “officer” and replacing them by the following definitions –

“Director” means the Director of the National Occupational Safety and Health Department;

“officer” means an officer of the National Occupational Safety and Health Department;

(b) by inserting, in the appropriate alphabetical order, the following new definitions –

“health”, in relation to work –

(a) means the absence of any disease or infirmity; and

(b) includes the physical and mental elements affecting health which are directly related to safety and hygiene at work;
“insurer” has the same meaning as in the Insurance Act;

“Occupational Health Physician” means a registered medical practitioner who –

(a) is registered with the Medical Council of Mauritius under the Medical Council Act; and

(b) holds such postgraduate qualification, in the field of occupational health or occupational medicine, as the Medical Council of Mauritius may recognise;

4. **Section 5 of principal Act amended**

Section 5 of the principal Act is amended, in subsection (3), by deleting the words “representatives of his employees who sit on the Safety and Health Committee” and replacing them by the words “where a Safety and Health Committee is established, the representatives of the employees who sit on the Committee, and where no Safety and Health Committee is established, the representatives of the employees in the undertaking.”.

5. **Section 7 of principal Act repealed and replaced**

Section 7 of the principal Act is repealed and replaced by the following section –

7. **Special duty of employers using machinery**

(1) Where the total power used or generated by machinery installed at a place of work exceeds 750 kilowatts, the employer shall employ a registered professional engineer to be in general charge of all such machinery.

(2) Where the total power used or generated by machinery installed at a place of work does not exceed 750 kilowatts, the employer shall employ a competent person to be in general charge of the machinery.

(3) Every employer who employs a registered professional engineer under subsection (1) shall, not later than 14 days after the
Registered professional engineer accepts the offer of employment –

(a) inform the Permanent Secretary accordingly, in writing; and

(b) furnish any document or relevant information as the Permanent Secretary may require.

(4) A registered professional engineer referred to in subsection (1) may be employed –

(a) on a full-time basis; or

(b) on a part-time basis, in which case, he shall not act in such capacity at more than 3 places of work.

(5) (a) A registered professional engineer employed under subsection (1) shall, not later than 14 days after accepting an offer of employment, make an application for registration to be in general charge of machinery to the Permanent Secretary in the form set out in the Twenty-First Schedule.

(b) The application under paragraph (a) shall be submitted together with –

(i) such document or information as the Permanent Secretary may require; and

(ii) such non-refundable processing fee as may be prescribed.

(6) (a) The Permanent Secretary may, on receipt of an application, make such enquiry as he thinks necessary.

(b) The Permanent Secretary may grant or refuse the application.

(c) Where the Permanent Secretary grants the application, he shall –

(i) on such terms and conditions as he may determine; and
(ii) on payment of such registration fee as may be prescribed,

issue to the applicant a certificate of registration in such form and manner as he may determine.

(d) Where the Permanent Secretary refuses an application, he shall inform the applicant accordingly in writing specifying the reasons of his refusal.

(7) (a) Where there is any change in the particulars of the certificate of registration of a registered professional engineer in general charge of machinery, he shall submit a new application as per subsection (5) to the Permanent Secretary within 14 days of such change.

(b) Any application submitted under paragraph (a) will be processed in accordance with subsection (5).

(8) Where a registered professional engineer in general charge of machinery ceases to practise as a registered professional engineer in general charge of machinery, he shall notify in writing the Permanent Secretary of that fact and surrender the certificate of registration within 14 days of ceasing to practise as registered professional engineer.

(9) The Permanent Secretary shall keep and maintain a register of registered professional engineers in general charge of machinery registered under this section.

(10) A person who is employed as a full-time or part-time registered professional engineer in general charge of machinery at a place of work shall not examine any equipment, machinery or plant specified in sections 51, 52, 53, 54, 57, 58, 59 and 60 at that place of work, in the capacity of a Registered Boiler Inspector or Registered Machinery Inspector.

(11) Any employer or registered professional engineer who fails to comply with any provision of this section shall commit an offence.
6. **Section 10 of principal Act amended**

Section 10 of the principal Act is amended –

(a) by repealing subsection (2) and replacing it by the following subsection –

(2) (a) Subject to paragraph (b), the employer shall, at such intervals as may be required, but not later than 24 months after any assessment, review the previous assessment.

(b) The employer shall review an assessment prior to the 24 months’ period specified in paragraph (a), where –

(i) the Permanent Secretary is of the opinion that the assessment is no longer valid and the employer is so notified;

(ii) there has been a substantial change in the matters to which it relates;

(iii) as a result of an accident arising out of or in connection with his work, an employee dies or suffers any injury or condition specified in the Eleventh Schedule;

(iv) an Occupational Health Physician has reasonable ground to suspect that an employee may be suffering from an occupational disease specified in the Fourteenth Schedule; or

(v) a dangerous occurrence specified in the Twelfth Schedule happens or is reported;

(b) by adding the following new subsections –

(4) For the purpose of improving safety and health
at the place of work, the employer shall, not later than 28 days of receipt of a written request made by –

(a) an employee;

(b) a representative of the employees, who sits on a Safety and Health Committee; or

(c) a representative of the employees where no Safety and Health Committee is established,

communicate to the employee or the representative, as the case may be, the relevant parts of the report of the risk assessment as requested.

(5) Every employee, or representative of employees, who sits on a Safety and Health Committee or any representative of employees in the undertaking where no Safety and Health Committee is established –

(a) shall use the information in the report for no other purpose than for improving safety and health at the workplace; and

(b) shall not disclose such information to any other party.

7. **Section 15 of principal Act amended**

Section 15 of the principal Act is amended by repealing subsection (2) and replacing it by the following subsection –

(2) No civil or criminal action shall lie, or no disciplinary proceedings shall be instituted, against any employee or representative of employees who sits on a Safety and Health Committee where a Safety and Health Committee is established or any representative of employees in the undertaking where no Safety and Health Committee is established, as a result of a complaint made in good faith against his employer under this Act.
8. **Section 21 of principal Act amended**

Section 21 of the principal Act is amended—

(a) in subsection (3), by repealing paragraph (c) and replacing it by the following paragraph –

   (c) a registered Safety and Health Officer who shall advise the committee on any matter pertaining to safety and health;

(b) by repealing subsection (5) and replacing it by the following subsection –

   (5) The employer shall appoint one of his employees, other than a Safety and Health Officer or any member of the Safety and Health Committee, as the Secretary of the Committee.

(c) by repealing subsection (6).

9. **Section 23 of principal Act amended**

Section 23 of the principal Act is amended –

(a) by repealing subsection (1) and replacing it by the following subsection –

   (1) An employer shall hold meetings of the Safety and Health Committee during normal working hours –

   (a) at least once every 2 months; or

   (b) at such time as any representative of the employer or the employees on that committee may request, whichever is earlier.

(b) in subsection (2), by repealing paragraph (a) and replacing it by the following paragraph –

   (a) Where the employer holds a Safety and Health Committee meeting for the purpose of subsection (1), he shall give notice thereof to the Permanent Secretary not less than 10 days before the meeting is scheduled to be held.
10. **New Part IIA inserted in principal Act**

The principal Act is amended by inserting, after Part II, the following new part –

**PART IIA – NATIONAL OCCUPATIONAL SAFETY AND HEALTH DEPARTMENT**

23A. **Establishment of National Occupational Safety and Health Department**

(1) There is established within the Ministry for the purposes of this Act, a National Occupational Safety and Health Department.

(2) The National Occupational Safety and Health Department shall be administered by a Director, National Occupational Safety and Health Department who shall –

(a) be responsible for the control, operation and management of the day to day business of the Department;

(b) carry out such duties and functions provided under this Act and such other duties as may be delegated by the Permanent Secretary under this Act; and

(c) be responsible to the Permanent Secretary for the proper discharge of his functions under this Act and for the implementation of such policies as may be determined.

(3) There shall be appointed such officers as may be necessary for the proper discharge of the functions of the National Occupational Safety and Health Department in line with the objects of the Department.

(4) The officers of the National Occupational Safety and Health Department shall be public officers and shall be under the administrative control of the Director.
23B. **Objects of Department**

The Department shall be responsible for –

(a) promoting the ratification and compliance with occupational safety and health conventions of the International Labour Organisation;

(b) promoting continuous improvement of occupational safety and health through enforcement of an up to date legislative framework, in line with international standards;

(c) promoting, through appropriate initiatives and activities, the prevalence of a national safety and health culture;

(d) promoting education, training, research and development in occupational safety and health;

(e) cooperating and coordinating with international organisations and other appropriate authorities on occupational safety and health matters; and

(f) carrying out such other duties and functions set out in this Act and such other assignments given to him by the Permanent Secretary in accordance with this Act.

23C. **Functions of Department**

The Department shall have such functions as are necessary to further its objects most efficiently and effectively and shall, in particular –

(a) develop policies and measures for enhancement of safety and health at places of work;

(b) implement enforcement programmes for ensuring compliance with the existing legislative framework;

(c) conduct sensitisation programmes on occupational safety and health for stakeholders;
(d) publish and disseminate information and guidance materials on matters related to occupational safety and health;

(e) coordinate with relevant international organisations and other national authorities on occupational safety and health matters;

(f) establish a mechanism for the collection and analysis of data on occupational accidents and diseases;

(g) advise the Permanent Secretary and the Minister on matters related to occupational safety and health;

(h) do such other things as may be necessary for the attainment of its objects; and

(i) carry out such other activities in relation to occupational safety and health as may be prescribed.

11. **Section 29 of principal Act repealed and replaced**

Section 29 of the principal Act is repealed and replaced by the following section –

29. **Registration and deregistration of Safety and Health Officers**

(1) No person shall practise as a Safety and Health Officer unless he is registered in respect of the employer who has employed him as a Safety and Health Officer.

(2) Any person who possesses the qualifications specified in Part I of the First Schedule and intends to practise as a Safety and Health Officer for any employer shall, within 14 days of the acceptance of an offer of employment –

(a) make an application to the Permanent Secretary in the form set out in the Sixteenth Schedule; and

(b) furnish such documents and information as the Permanent Secretary may require.
(3) On receipt of an application under subsection (2), the Permanent Secretary shall, after making such enquiry as he may deem necessary –

(a) register the Safety and Health Officer and issue a certificate of registration in respect of such employers as may be specified in the application on payment of the prescribed registration fee; or

(b) refuse to register the applicant and specify the grounds of refusal.

(4) No employee or Safety and Health Officer who is employed on a full-time basis by an employer shall be employed as Safety and Health Officer on a part-time basis by another employer.

(5) (a) (i) Where there is any change in the particulars of the current certificate of registration of a registered Safety and Health Officer, he shall, in accordance with subsection (2), make a fresh application to the Permanent Secretary within 14 days of such change.

(ii) Any application submitted under paragraph (i) shall be processed in accordance with subsection (3).

(b) Where a registered Safety and Health Officer ceases to practise as a Safety and Health Officer, he shall notify the Permanent Secretary of that fact and surrender his certificate of registration to the Permanent Secretary within a period of 14 days of ceasing to practise as Safety and Health Officer.

(6) The Permanent Secretary shall keep and maintain a register of registered Safety and Health Officers.

(7) (a) Any person who performs the duties of a Safety and Health Officer under this Act, without a certificate of registration issued by the Permanent Secretary, shall commit an offence.
(b) Any Safety and Health Officer who makes any –
(i) report or record; or
(ii) entry in the register provided to him under
this Act by any employer, which is false in
any material particular,

shall commit an offence.

(8) Any Safety and Health Officer may be deregistered –
(a) where he is convicted of an offence under or
related to this Act;
(b) on ground of incapacity to discharge the duties
of Safety and Health Officer under this Act;
(c) for misconduct in the discharge of his functions
and duties under this Act; or
(d) for having contravened section 30(8)(a) for
giving false or misleading information in a
record kept under section 30(8)(b).

12. Section 30 of principal Act amended

Section 30 of the principal Act is amended, in subsection (4), by
repealing paragraph (b) and replacing it by the following paragraph –

(b) Every employer who offers employment to a
Safety and Health Officer shall ensure that the Safety and Health
Officer is registered under this Act before practising at his place
of work.

13. Section 32 of principal Act repealed and replaced

Section 32 of the principal Act is repealed and replaced by the
following section –

32. Boiler and Machinery Inspectors Board

(1) There shall be established a Board to be known as the
Boiler and Machinery Inspectors Board.
(2) The Board shall consist of the following members –

(a) a Chairperson who is a person having wide experience in the field of boiler and machinery inspection;

(b) a Vice-chairperson who is a person having wide experience in the field of boiler and machinery inspection;

(c) a registered professional engineer with at least 5 years of experience in the field of boiler or machinery inspection;

(d) a representative from the Ministry responsible for the subject of National Infrastructure and Community Development and who shall be a registered professional mechanical engineer with at least 5 years’ post-registration experience in the field of mechanical engineering;

(e) a representative from the Institution of Engineers Mauritius who is a registered professional engineer with at least 5 years’ post-registration experience in mechanical engineering or related field; and

(f) the Director or his representative.

(3) The Board may call any other person with relevant knowledge or experience in the appropriate field to provide assistance as it may require.

(4) The members of the Board, other than the member referred to in subsection (2)(d) and (e), shall be appointed by the Minister for such period and on such terms and conditions as the Minister may determine.

(5) The members of the Board shall be paid such fees as the Minister may determine.
(6) The Chairperson or in his absence, the Vice-chairperson and 3 other members shall constitute a quorum.

14. **Section 33 of principal Act repealed and replaced**

Section 33 of the principal Act is repealed and replaced by the following section –

33. **Registration of Boiler and Machinery Inspectors**

(1) The Permanent Secretary shall keep a register of boiler inspectors and machinery inspectors.

(2) (a) Any –

(i) registered professional engineer having at least 4 years’ practical experience and knowledge in the operation of steam boilers or steam receivers, or other machinery specified in section 51, 52, 53, 54, 59 or 60; or

(ii) person who is an engineer recognised by a Classification Society to practise as a boiler or machinery inspector and, who intends to practise as registered boiler inspector or registered machinery inspector, shall make an application to the Permanent Secretary in the form set out in the Twenty-second Schedule.

(b) An application under paragraph (a) shall be accompanied by such non-refundable processing fee as may be prescribed and such additional information as the Permanent Secretary may require.

(c) On receipt of an application under paragraph (a), the Permanent Secretary shall refer the application to the Boiler and Machinery Inspectors Board for assessment.

(3) (a) The Boiler and Machinery Inspectors Board shall assess the applicant on his theoretical and practical knowledge
of any matter relevant to the subject of steam boilers and steam receivers or any other machinery, as the case may be, and, may, for this purpose, require him to furnish such additional information, document or report as may be necessary.

(b) The Boiler and Machinery Inspectors Board shall, after the assessment, submit to the Permanent Secretary, a detailed report on each applicant, including its recommendations as to whether the applicant may be or may not be registered.

(4) (a) The Permanent Secretary may, after considering the report under subsection (3)(b) grant or reject the application.

(b) Where the Permanent Secretary rejects the application, he shall, in writing, inform the applicant accordingly, specifying the reasons thereof.

(5) Where the Permanent Secretary grants the application, he shall –

(a) require the applicant to pay such registration fee as may be prescribed; and

(b) issue a certificate of registration within such period as he may determine.

(6) Any person whose application is rejected may, after the expiry of a delay of 6 months from the date he is informed of the rejection of his application, make a fresh application in accordance with subsection (2).

(7) (a) Where a registered boiler inspector intends to examine any machinery not mentioned in his certificate of registration, he shall make a new application under subsection (2) in respect of the machinery.

(b) Where a registered machinery inspector intends to examine a steam boiler or any other machinery not mentioned in his certificate of registration, he shall make a new application under subsection (2) in respect of a steam boiler or the other machinery.
(8) (a) Any registered boiler inspector or registered machinery inspector who intends to renew his registration to practise as registered boiler inspector or registered machinery inspector, as the case may be, shall, not later than 30 days before the expiry of his registration, make an application to the Permanent Secretary in the form set out in the Twenty-second Schedule and pay the prescribed renewal of registration fee.

(b) Any application for renewal of registration made after the expiry of the delay specified in paragraph (a) but within a period of 3 months after the expiry of the registration shall not be entertained unless accompanied by a surcharge of 50 per cent of the prescribed renewal of registration fee.

(c) Where an application for the renewal of registration is granted under this subsection, a certificate of registration shall be issued to the applicant within such period as the Permanent Secretary may determine.

(9) (a) Where any registered Boiler Inspector or registered Machinery Inspector fails to renew his registration after the expiry of the delay specified in subsection (8)(b), the Permanent Secretary may remove his name from the register.

(b) Any person whose name is removed from the register under paragraph (a) and who intends to practise as a registered Boiler Inspector or registered Machinery Inspector shall make an application to the Permanent Secretary in the form set out in the Twenty-second Schedule and pay such fee as may be prescribed.

(c) Where an application under paragraph (b) is granted, a certificate of registration shall be issued to the applicant within such period as the Permanent Secretary may determine.

(10) (a) The Permanent Secretary may remove from the register of boiler inspectors and machinery inspectors the name of any boiler inspector or machinery inspector –

(i) who is convicted of an offence under or related to this Act;
(ii) on ground of incapacity to perform the duties of boiler or machine inspector under this Act; or

(iii) for misconduct in the fulfilment of his functions under this Act.

(b) Before taking the decision to remove or not to remove the name of a boiler inspector or machinery inspector from the register, the Permanent Secretary shall refer the matter to the Boiler and Machinery Inspectors Board for an inquiry.

(11) For the purpose of the inquiry, the Board may –

(a) make such order requiring the attendance of any person and the production of any document as it thinks fit; and

(b) take evidence on oath and, for that purpose, administer oaths.

(12) (a) Where any person whose attendance is required under subsection (11) –

(i) fails to attend at the time and place specified in the order;

(ii) refuses to answer faithfully any question put to him by the Board;

(iii) gives any false or misleading information;

(iv) refuses to produce a document required by the Board,

he shall commit an offence.

(b) The Board shall conduct its proceedings in such manner as it deems fit and submit its findings to the Permanent Secretary within a delay of 15 days of the completion of the inquiry.

(13) The Permanent Secretary shall consider the findings of the Board and decide whether to remove or not to remove the name of the registered boiler inspector or machinery inspector from the register and notify the inspector accordingly in writing.
(14) Where the name of a registered boiler inspector or registered machinery inspector has been removed from the register, he shall, on being notified of the removal, forthwith cease to practise as a registered boiler inspector or registered machinery inspector and surrender his certificate of registration within 14 days of the date of notification.

(15) (a) Any person whose name has been removed from the register may, where he intends to practise as registered boiler inspector or registered machinery inspector, submit an application in accordance with subsection (2).

(b) An application under paragraph (a) shall not be entertained within a period of 6 months from the date on which the name of the inspector has been removed from the register.

(16) Where a registered boiler inspector or registered machinery inspector ceases to practise as a registered boiler inspector or registered machinery inspector, he shall, not later than 14 days from the date he ceases to practise as such, inform the Permanent Secretary in writing and surrender his certificate of registration.

(17) Any person who –

(a) performs the duties of registered boiler inspector or registered machinery inspector without being registered as such under this Act, or without holding a valid certificate of registration; or

(b) examines a steam boiler, a steam receiver, or any other examinable machinery specified in section 51, 52, 53, 54, 59 or 60 without being registered to examine a steam boiler, steam receiver or such other examinable machinery, as the case may be,

shall commit an offence.

(18) Any certificate of registration issued under this section shall be valid for a period of not more than 24 months from the date of issue.
15. **Section 39 of principal Act amended**

Section 39 of the principal Act is amended by repealing subsection (1) and replacing it by the following subsection –

(1) (a) In any building where work is carried out, sufficient and suitable sanitary conveniences shall be provided for any employee, including employees from an outside undertaking, who are working in the building.

(b) Every employer shall provide, so far as is reasonably practicable, adequate sanitary conveniences to his employees who are not working in a building.

16. **Section 55 of principal Act amended**

Section 55 of the principal Act is amended by adding the following new subsection –

(7) When an owner ceases to use a registered steam boiler, he shall, within 28 days of his ceasing to use the steam boiler, inform the Permanent Secretary accordingly in writing.

17. **Section 77 of principal Act amended**

Section 77 of the principal Act is amended by deleting the words “medical practitioner” wherever they appear and replacing them by the words “Occupational Health Physician”.

18. **Section 79 of principal Act amended**

Section 79 of the principal Act is amended, in subsection (6), by deleting the words “medical practitioner” and replacing them by the words “Occupational Health Physician”.

19. **Section 85 of principal Act amended**

Section 85 of the principal Act is amended by adding the following new subsection –

(3) Where an insurer is notified by an employer or any other person of an occupational accident resulting in the death of an employee or any injury or conditions specified in the
Eleventh Schedule, the insurer shall, within 7 days of receipt of the notification, inform the Director accordingly in the form set out in the Twenty-third Schedule.

20. **Section 86 of principal Act repealed and replaced**

Section 86 of the principal Act is repealed and replaced by the following section –

86. **Notification of occupational diseases**

(1) Where an Occupational Health Physician suspects or finds that any person is suffering from any occupational disease specified in the Fourteenth Schedule, he shall, within 28 days from the date he so suspects or finds, notify in writing the employer of the person and the Director in the form set out in the Twenty-fifth Schedule.

(2) Upon receipt of a notification under subsection (1), the employer shall forthwith notify the Director in the form set out in the Twenty-fifth Schedule of the suspected occupational disease and shall keep a record of such notification.

(3) Where an insurer is notified by an employer or any other person, of any employee suffering from any occupational disease, specified in the Fourteenth Schedule, the insurer shall within 7 days of receiving such notification, inform the Director accordingly in the form set out in the Twenty-fourth Schedule.

21. **Section 87 of principal Act amended**

Section 87 of the principal Act is amended, in subsection (1), by deleting the words “apply in writing to the Permanent Secretary for a factory building permit and submit to the Permanent Secretary” and “employees” and replacing them by the words “submit to the Permanent Secretary an application for a factory building permit, in the form set out in the Twenty-sixth Schedule together with” and “employees and such other particulars as the Permanent Secretary may require”, respectively.
22. **Section 88 of principal Act amended**

Section 88 of the principal Act is amended –

(a) by repealing subsection (3) and replacing it by the following subsection –

(3) Every employer shall, not less than 30 days before the operation of a factory, submit to the Permanent Secretary an application for the registration of the factory, in the form set out in the Fifteenth Schedule, together with a site and layout plan of the factory and such other particulars as the Permanent Secretary may require.

(b) in subsection (7), by deleting the words “12 months” and replacing them by the words “24 months”.

23. **Section 90 of principal Act amended**

Section 90 of the principal Act is amended by deleting the words “section 27, 87, 88 or 89” and replacing them by the words “section 7, 27, 29, 33, 87, 88 or 89”.

24. **Section 94 of principal Act amended**

Section 94 of the principal Act is amended by repealing subsection (3) and replacing it by the following subsection –

(3) Any person who commits an offence under this Act shall, in respect of an offence committed by him –

(a) as an employee, be liable to a fine not exceeding 10,000 rupees;

(b) as an employer –

(i) be liable to a fine of not less than 25,000 rupees and not exceeding 150,000 rupees and to imprisonment for a term not exceeding 2 years where –

(A) he contravenes a provision of this Act causing a dangerous occurrence or an occupational accident or an occupational disease; or
(B) he fails to notify or report an occupational accident, an occupational disease or a dangerous occurrence under section 85 or 86, as the case may be;

(ii) be liable to a fine not exceeding 100,000 rupees and to imprisonment for a term not exceeding 2 years in any other case.

(c) as any other person in breach of his duties and responsibilities under this Act, be liable to a fine of not less than 10,000 rupees and not exceeding 50,000 rupees and to imprisonment for a term not exceeding one year.

25. **Section 100 of principal Act amended**

Section 100 of the principal Act is amended, in subsection (3), by repealing paragraph (b) and replacing it by the following paragraph –

(b) that there may be risk of bodily injury to persons employed in any place of work –

(i) from any substance or material or plant brought to the place of work to be used or handled therein; or

(ii) from any change in the conditions of work or other conditions in the place of work, he may make regulations requiring such reasonable arrangements to be made for the medical supervision, including first aid treatment and medical treatment of a preventive character and medical examinations of the persons, or any class of persons, employed in that place of work or class or description of places of work as may be specified in the regulations.
26. **Section 105 of principal Act repealed and replaced**

Section 105 of the principal Act is repealed and replaced by the following section –

**105. Savings and transitional provisions**

(1) (a) Every person who, on the commencement of this Act, holds or obtains within 3 years of that date, any of the qualifications specified in Part II of the First Schedule may apply for registration under this Act, notwithstanding the fact that he does not possess the qualifications specified in Part I of the First Schedule.

(b) Any registered professional engineer in general charge of machinery who, on the date of coming into operation of this Act, is not registered under this Act, may continue to practise as Registered Professional Engineer in general charge of machinery for a period of not more than 6 months from the date of coming into operation of this Act.

(c) Any registered boiler inspector or registered machinery inspector, who, on the commencement of this Act, does not hold a certificate of registration issued under this Act, may continue to practise as registered boiler inspector or registered machinery inspector for a period of not more than 6 months from the commencement of this Act.

(d) Notwithstanding section 29(4), every full-time employee or registered Safety and Health Officer who, on the date of coming into operation of this Act, was registered as a part-time Safety and Health Officer may continue to practise as a part-time registered Safety and Health Officer for a period not exceeding 12 months from the commencement of this Act.

(2) (a) Any factory building permit issued prior to commencement of this Act shall be deemed to have been issued under this Act.

(b) Every employer whose place of work is not in accordance with section 39(1)(b) shall, within 3 months of the commencement of this Act, make suitable arrangements to ensure compliance with that section.
(3) (a) The Director, Occupational Safety and Health, of the Ministry shall, on the commencement of this Act, be deemed to be the Director of the National Occupational Safety and Health Department established under this Act.

(b) The officers of the Occupational Safety and Health Division of the Ministry shall, on the commencement of this Act, be deemed to be officers of the National Occupational Safety and Health Department established under this Act.

(c) The duties and functions of the Director under this Act shall, before the commencement of this Act, be performed by the Director, Occupational Safety and Health.

(4) Where this Act does not make provision for any saving or transition, the Minister may make such regulations as may be necessary for such saving or transition.

27. First Schedule to principal Act amended
The First Schedule to the principal Act is amended –

(a) by numbering the existing Part I and Part II as Part II and Part III;

(b) by inserting, before the newly renumbered Part II, the following new Part –

PART I

Degree of Bachelor of Science (Hons) in Occupational Safety and Health or Occupational Safety and Health Management offered by any public university in Mauritius or its equivalent as certified by the Higher Education Commission

28. Fourth Schedule to principal Act amended
The Fourth Schedule to the principal Act is amended –

(a) by inserting, after item 4, the following new item –

4A. (1) Date of examination

(2) Time of examination

(3) Person met
(b) by adding the following new item –
11. Comments
(c) by inserting, after the words “I certify that on 
………………………. I thoroughly examined the crane or 
other lifting machine described above, including its fittings 
and that the above is a true report of my examination.”, 
the words “I authorise the use of the above crane or lifting 
machine for the period starting on ....................... and 
ending on ......................”.

29. Fifth Schedule to principal Act amended
The Fifth Schedule to the principal Act is amended –
(a) by inserting, after item 4, the following new item –

4A. (1) Date of examination
     (2) Time of examination
     (3) Person met
(b) by adding the following new item –
12. Comments
(c) by inserting, after the words “I certify that on ................. 
the hoist or lift described above was made accessible 
for examination, and that on the said date I thoroughly 
examined the hoist or lift and that the above is a true report 
of the result of my observation.”, the words 
“I authorise the use of the above hoist or lift for the 
period starting on ...................... and ending on 
……………………………”.

30. Sixth Schedule to principal Act amended
The Sixth Schedule to the principal Act is amended –
(a) by deleting item 9 and replacing it by the following item –

9. (1) Date of examination
     (2) Time of examination
     (3) Person met
(b) by deleting item 16 and replacing it by the following item –

16. (1) Date of examination
    (2) Time of examination
    (3) Person met

(c) by adding the following new item –

20. Comments

31. **Seventh Schedule to principal Act amended**

The Seventh Schedule to the principal Act is amended –

(a) by inserting after item 4, the following new item –

4A. (1) Date of examination
    (2) Time of examination
    (3) Person met

(b) by adding the following new item –

10. Comments

(c) by inserting, after the words “I certify that on……………….
I thoroughly examined the steam receiver described above, including its fittings and that the above is a true report of my examination.”, the words “I authorise the use of the above steam receiver for the period starting on ………………………………………………… and ending on …………………………………………………”.

32. **Eighth Schedule to principal Act amended**

The Eighth Schedule to the principal Act is amended –

(a) by inserting, after item 4, the following new item –

4A. (1) Date of examination
    (2) Time of examination
    (3) Person met
(b) by adding the following new item –

14. Comments

(c) by inserting, after the words “I examined the air receiver described in Parts I and III above, including its fittings and tested it hydraulically and the above is a true report of the results of my examination.”, the words “I authorise the use of the above air receiver for the period starting on ............................... and ending on .................................”.

33. Ninth Schedule to principal Act amended

The Ninth Schedule to the principal Act is amended by inserting, in the appropriate alphabetical order, the following new items –

*Dibutyl phthalate*

*Glycol Ethers*

*Isocyanates*

*Leather dusts (arising from manufacturers activities)*

*Methyl-n-butyl ketone*

*N-hexane*

*Sodium bisulphites*

*Toluene*

34. Eleventh Schedule to principal Act amended

The Eleventh Schedule to the principal Act is amended by deleting items 1 and 2 and replacing them by the following items –

1. Fracture of skull, spine, pelvis, sternum, one or more ribs, or scapula.

2. Fracture of any bone –
   (a) in the arm or wrist, or in the hand; or
   (b) in the leg or ankle, or foot.
35. **Thirteenth Schedule to principal Act repealed and replaced**

The Thirteenth Schedule to the principal Act is repealed and replaced by the Thirteenth Schedule set out in the First Schedule to this Act.

36. **Fourteenth Schedule to principal Act repealed and replaced**

The Fourteenth Schedule to the principal Act is repealed and replaced by the Fourteenth Schedule set out in the Second Schedule to this Act.

37. **Fifteenth Schedule to principal Act repealed and replaced**

The Fifteenth Schedule to the principal Act is repealed and replaced by the Fifteenth Schedule set out in the Third Schedule to this Act.

38. **Sixteenth Schedule to principal Act repealed and replaced**

The Sixteenth Schedule to the principal Act is repealed and replaced by the Sixteenth Schedule set out in the Fourth Schedule to this Act.

39. **Seventeenth Schedule to principal Act amended**

The Seventeenth Schedule to the principal Act is amended –

(a) by inserting, after item 4, the following new item –

4A. (1) Date of examination  
(2) Time of examination  
(3) Person met

(b) by adding the following new item –

13. Comments

(c) by inserting, after the words “I certify that on …………………… the vehicle lift described above was made available for test and/or thorough examination, and that on the said date I tested and/or thoroughly examined this vehicle lift, and the above is a true report of my test and/or examination.”, the
words “I authorise the use of the above vehicle lift for the period starting on ……………………. and ending on ……………………. “.

40. **Eighteenth Schedule to principal Act repealed and replaced**

The Eighteenth Schedule to the principal Act is repealed and replaced by the Eighteenth Schedule set out in the Fifth Schedule to this Act.

41. **Nineteenth Schedule to principal Act amended**

The Nineteenth Schedule to the principal Act is amended –

(a) by inserting, after item 4, the following new item –

4A. (1) Date of examination
    (2) Time of examination
    (3) Person met

(b) by adding the following new item –

10. Comments

(c) by inserting, after the words “I certify that on …………… the escalator described above was made available for thorough examination, and that on the said date I tested and/or thoroughly examined the escalator, and the above is a true report of my examination.”, the words “I authorise the use of the above escalator for the period starting on ……………………. and ending on ……………………. “.

42. **Twentieth Schedule to principal Act amended**

The Twentieth Schedule to the principal Act is amended –

(a) by inserting, after item 4, the following new item –

4A. (1) Date of examination
    (2) Time of examination
    (3) Person met

(b) by adding the following new item –

10. Comments
(c) by inserting, after the words “I certify that on ………………… the refrigeration plant described above was made available for test and/or thorough examination, and that on the said date I tested and/or thoroughly examined the plant, and the above is a true report of my examination.”, the words “I authorise the use of the above refrigeration plant for the period starting on ………………… and ending on ………………….”

43. **Twenty-first, Twenty-second, Twenty-third, Twenty-fourth, Twenty-fifth and Twenty-sixth Schedules added to principal Act**

The principal Act is amended by adding the Twenty-first, Twenty-second, Twenty-third, Twenty-fourth, Twenty-fifth and Twenty-sixth Schedules set out in the Sixth Schedule to this Act.

44. **Consequential amendment**

A reference in any enactment to the Director, Occupational Safety and Health shall, on the commencement of this Act, be construed as a reference to the Director of the National Occupational Safety and Health Department.

45. **Commencement**

(1) Subject to subsection (1), this Act shall come into operation on a date to be fixed by Proclamation.

(2) Different dates may be fixed for the coming into operation of different sections of this Act.

Passed by the National Assembly on the twenty ninth day of November two thousand and twenty two.

**Bibi Safeena Lotun (Mrs)**

*Clerk of the National Assembly*
REPORT OF ACCIDENT OR DANGEROUS OCCURRENCE

PART I – PARTICULARS OF EMPLOYER

Name of employer ........................................................................................................................................

Address ..................................................................................................................................................

Contact details

(1) Office
Telephone no. .................................... Mobile no. .................................................................
Email address.................................... Fax no. .................................................................

(2) Residence
Telephone no. .................................... Mobile no. .................................................................
Nature of business ........................................................................................................................................
Certificate of Incorporation no. ........ Business Registration Card no. ......
Total number of employees ...................................................................................................................
Name of Contact person............................................................................................................................
Occupation................................................................................................................................................
Telephone no. .................................... Mobile no. .................................................................
Email address .................................... Fax no. ................................................................
Name of registered Safety and Health Officer ..........................................................................................
................................................................................................................................. (if applicable)
FIRST SCHEDULE - Continued

Contact details

(1) Office
Telephone no. ........................................ Mobile no. .......................................
Email address................................. Fax no. ..............................................

(2) Residence
Telephone no. ........................................ Mobile no. .......................................

PART II – PARTICULARS OF INJURED PERSON

Name.................................................................................………………....
Address..............................................................................…………….......
National Identity Card no./Passport no. * ...................................................
Gender ……………………………...……………... Age ................................................
Occupation .............................................................................................
Telephone no. ........................................ Mobile no. .......................................
Date of accident/dangerous occurrence* ....................................................
Time of accident/dangerous occurrence* ....................................................
Place of work of injured person............................................................
Site of accident/dangerous occurrence* ....................................................
Nature of work being performed at time of accident/ dangerous occurrence* ....................................................
Particulars of injury (whether fatal) ....................................................
Cause of accident/dangerous occurrence* .............................................
FIRST SCHEDULE - Continued

Name of witness no. 1 ..............................................................................................

Occupation ............................................................................................................

National Identity Card no./Passport no. * ............................................................

Telephone no. ........................... Mobile no. ..............................................

Name of witness no. 2** ..........................................................

Occupation ............................................................................................................

National Identity Card no./Passport no. * ............................................................

Telephone no. ........................... Mobile no. ..............................................

Any further particulars ...........................................................................................

I certify that to the best of my knowledge that the information given above is correct.

............................................................... ..............................................................

Name of employer Signature

............................................................... ..............................................................

Date Stamp

* Delete as appropriate

** Additional sheet may be used to provide more information
SECOND SCHEDULE
[Section 36]

FOURTEENTH SCHEDULE
[Sections 2, 19, 77 and 86]

LIST OF NOTIFIABLE OCCUPATIONAL DISEASES

PART I – OCCUPATIONAL DISEASES CAUSED BY EXPOSURE TO AGENTS ARISING FROM WORK ACTIVITIES

Sub-Part A – Diseases Caused by Chemical Agents

1. Diseases caused by beryllium or its compounds
2. Diseases caused by cadmium or its compounds
3. Diseases caused by phosphorus or its compounds
4. Diseases caused by chromium or its compounds
5. Diseases caused by manganese or its compounds
6. Diseases caused by arsenic or its compounds
7. Diseases caused by mercury or its compounds
8. Diseases caused by lead or its compounds
9. Diseases caused by fluorine or its compounds
10. Diseases caused by carbon disulfide
11. Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
12. Diseases caused by benzene or its homologues
13. Diseases caused by nitro-derivatives and amino-derivatives of benzene or its homologues
14. Diseases caused by nitroglycerine or other nitric acid esters
15. Diseases caused by alcohols, glycols or ketones
16. Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
17. Diseases caused by acrylonitrile
SECOND SCHEDULE - Continued

18. Diseases caused by oxides of nitrogen
19. Diseases caused by vanadium or its compounds
20. Diseases caused by antimony or its compounds
21. Diseases caused by hexane
22. Diseases caused by mineral acids
23. Diseases caused by pharmaceutical agents
24. Diseases caused by nickel or its compounds
25. Diseases caused by thallium or its compounds
26. Diseases caused by osmium or its compounds
27. Diseases caused by selenium or its compounds
28. Diseases caused by copper or its compounds
29. Diseases caused by platinum or its compounds
30. Diseases caused by tin or its compounds
31. Diseases caused by zinc or its compounds
32. Diseases caused by phosgene
33. Diseases caused by corneal irritants like benzoquinone
34. Diseases caused by ammonia
35. Diseases caused by isocyanates
36. Diseases caused by pesticides
37. Diseases caused by sulphur oxides
38. Diseases caused by organic solvents
39. Diseases caused by latex or latex-containing products
40. Diseases caused by other chemical agents at work not mentioned in items 1 to 39, where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these chemical agents arising from work activities and the disease(s) contracted by the worker
SECOND SCHEDULE - Continued

Sub-Part B – Diseases Caused by Physical Agents

1. Hearing impairment caused by noise
2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
3. Diseases caused by compressed or decompressed air
4. Diseases caused by ionizing radiations
5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
6. Diseases caused by exposure to extreme temperatures
7. Diseases caused by other physical agents at work not mentioned in items 1 to 7, where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these physical agents arising from work activities and the disease(s) contracted by the worker

Sub-Part C – Biological Agents and Infectious or Parasitic Diseases

1. Brucellosis
2. Hepatitis viruses
3. Human immunodeficiency virus (HIV)
4. Tetanus
5. Tuberculosis
6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
7. Anthrax
8. Leptospirosis
9. Diseases caused by other biological agents at work not mentioned in items 1 to 8, where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the worker
SECOND SCHEDULE - Continued

PART II – OCCUPATIONAL DISEASES BY TARGET ORGAN SYSTEMS

Sub-Part A – Respiratory Diseases

1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)
2. Silicotuberculosis
3. Pneumoconioses caused by non-fibrogenic mineral dust
4. Siderosis
5. Bronchopulmonary diseases caused by hard-metal dust
6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugar cane (bagassosis)
7. Asthma caused by recognised sensitising agents or irritants inherent to the work process
8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities
9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities
10. Diseases of the lung caused by aluminium
11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the worker
SECOND SCHEDULE - Continued

Sub-Part B – Skin Diseases

1. Allergic contact dermatoses and contact urticaria caused by other recognised allergy provoking agents arising from work activities not included in other items

2. Irritant contact dermatoses caused by other recognised irritant agents arising from work activities not included in other items

3. Vitiligo caused by other recognised agents arising from work activities not included in other items

4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

Sub-Part C – Musculoskeletal Disorders

1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist

2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist

3. Olecranon bursitis due to prolonged pressure of the elbow region

4. Prepatellar bursitis due to prolonged stay in kneeling position

5. Epicondylitis due to repetitive forceful work

6. Meniscus lesions following extended periods of work in a kneeling or squatting position

7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
SECOND SCHEDULE - Continued

8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

Sub-Part D – Mental and Behavioural Disorders

1. Post-traumatic stress disorder
2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker
3. Diseases of any other organ system where a direct link between exposure and diseases suffered is established

PART III – OCCUPATIONAL CANCER

Sub-Part A – Cancer caused by the following agents

1. Asbestos
2. Benzidine and its salts
3. Bis-chloromethyl ether (BCME)
4. Chromium VI compounds
5. Coal tars, coal tar pitches or soots
6. Beta-naphthylamine
7. Vinyl chloride
8. Benzene
9. Toxic nitro-derivatives and amino-derivatives of benzene or its homologues
10. Ionizing radiations
SECOND SCHEDULE - Continued

11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
12. Coke oven emissions
13. Nickel compounds
14. Wood dust
15. Arsenic and its compounds
16. Beryllium and its compounds
17. Cadmium and its compounds
18. Erionite
19. Ethylene oxide
20. Hepatitis B virus (HBV) and hepatitis C virus (HCV)
21. Cancer caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these agents arising from work activities and the cancer(s) contracted by the worker

Sub-Part B – Other Diseases

1. Miners nystagmus
2. Other specific diseases caused by occupations or processes not mentioned in this Schedule where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure arising from work activities and the disease contracted by the worker
THIRD SCHEDULE
[Section 37]

FIFTEENTH SCHEDULE
[Section 88]

APPLICATION FOR THE REGISTRATION OF A FACTORY

Name of applicant ..........................................................

..................................................................................................

Address ..............................................................................

..................................................................................................

Occupation ...........................................................................

National Identity Card no./Passport no.* ..................................

Telephone no. ............................... Mobile no. ...........................

Email address............................. Fax no. .................................

Application for registration of factory/Renewal of registration of factory for period starting on ......................... (date) and ending on ......................... (date)

Name of employer ............................................................

..................................................................................................

Address of employer ................................................................

..............................................................................................

Contact details

(1) Office

Telephone no. ............................... Mobile no. ...........................

Email address............................. Fax no. .................................
THIRD SCHEDULE -  Continued

(2) Residence

Telephone no. ..................................  Mobile no. ..................................

Registered office or principal place of business of company, société or corporate body .................................................................

Certificate of Incorporation no. .......  Business Registration Card no. ......

Address of the factory .................................................................

......................................................................................................................

Telephone no. ..................................  Mobile no. ..................................

Email address .........................  Fax no. ..................................

Sector of economic activity .................................................................

Nature of the process or manufacture carried/intended to be carried* on at the factory .................................................................

Particulars of employees

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Young persons</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Mauritian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malagasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepalese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THIRD SCHEDULE - Continued

Number and particulars of welfare facilities

(1) Sanitary conveniences for –
   (a) male employees .................................................................
   (b) female employees ...............................................................  
   (c) Washing facilities.................................................................

(2) Mess or facilities for the taking of meals ..............................

(3) Accommodation for clothing or changing room ....................

Total power used or generated by machinery installed in the factory**
Not exceeding 750 kW [ ] Exceeding 750 kW [ ]

Particulars of officer in general charge of all machinery

Name of employer ...........................................................................
......................................................................................................................
Address of employer .................................................................
......................................................................................................................

Contact details

(1) Office
Telephone no. ........................................ Mobile no. ............................

Email address................................. Fax no. .....................................

(2) Residence
Telephone no. ........................................ Mobile no. ............................

Qualifications .............................................................................
THIRD SCHEDULE - Continued

This paragraph applies to every employer of 100 or more employees or as directed by the Permanent Secretary –

(a) name of person responsible for safety, health and welfare at the place of work ………………………………………………………………………………….

(b) post held ………………………………………………………………………

Name of registered Safety and Health Officer ……………………………
…………………………………………………………………………………………

National Identity Card no./Passport no.* ………………………………………
Registration Number of Safety and Health Officer …………………………..

Contact details

(1) Office
Telephone no. ……………………… Mobile no. ……………………………

Email address………………………… Fax no. ………………………………..

(2) Residence
Telephone no. ……………………… Mobile no. ……………………………

List of any machinery or equipment which are used or intended to be used in the factory –

(1) No. of examinable machines in use or intended to be used –

<table>
<thead>
<tr>
<th>Machine</th>
<th>Make</th>
<th>Serial no.</th>
<th>Date of expiry of report</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steam boiler</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steam receiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air receiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoist and lift</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(2) Number of other machines in use or intended to be used ..................

Details of substances used, manufactured or likely to be formed in the course of any process

<table>
<thead>
<tr>
<th>Substance</th>
<th>Name of substance</th>
<th>Quantity/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hazardous to health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Listed in Ninth Schedule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Not listed in Ninth Schedule</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Corrosive</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Flammable</td>
<td></td>
</tr>
</tbody>
</table>
STATE WHETHER THE FACTORY BUILDING IS NEW ...................................................

If in the affirmative, has a factory building permit been obtained? Yes/No*. If in the affirmative, please attach a copy of the permit

Note

The following shall be attached to the application –

(a) site plan of the factory;
(b) layout plan of the factory;
(c) such other particulars as the Permanent Secretary may require.

.................................................. .................................................. 
Name Signature of applicant

.................................................. .................................................. 
Occupation Date

FOR OFFICE USE ONLY

The application is –

(a) approved with conditions/without conditions* for the period starting on ………………………… and ending on ……………………………
(b) not approved.*

Registration fee (…… rupees) paid/not paid*
Surcharge (…. rupees) paid/not paid*

.................................................. .................................................. 
Name of officer f/Permanent Secretary

.................................................. 
Date

* Delete as appropriate
APPLICATION FORM FOR THE REGISTRATION TO PRACTISE AS A SAFETY AND HEALTH OFFICER

Name of applicant ..............................................................................................................
......................................................................................................................................................

Address ......................................................................................................................................
......................................................................................................................................................

Occupation .................................................................................................................................

National Identity Card no./ Passport no.* .................................................................

Telephone no. ............................ Mobile no. .....................................................

Email address .......................... Fax no. ......................................................

Relevant qualifications held .......................... (Documentary evidence to be enclosed)

Are you involved in any kind of work activity for financial gain of any nature other than that of a Safety and Health Officer?
......................................................................................................................................................
FOURTH SCHEDULE - continued

If in the affirmative, please provide the following information

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Business Registration no. (BRN)</th>
<th>Other Identification no. (e.g. Registration no./ Society no./ Licence no./ Employer Code/no./ NIC no./ Passport no.)</th>
<th>Existing or new employer</th>
<th>Address/ (es) of place(s) of work</th>
<th>No. of employees</th>
<th>Please specify whether full-time or part-time and working hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby apply for registration to practise as a Safety and Health Officer at the place(s) of work for the employer(s) referred to above.

I am aware that any person who knowingly or recklessly makes a false statement in purported compliance with a requirement to furnish any information imposed by or under the Occupational Safety and Health Act shall commit an offence.

**Note**

The following shall be attached to the application –

(a) documentary evidence of employment as Safety and Health Officer;

(b) plan of work;

(c) such other particulars as the Permanent Secretary may require.

………………………………………  ………………………………………

Date  Signature
(1) The application is –

(a) recommended for registration for the following employer(s) –

<table>
<thead>
<tr>
<th>SN</th>
<th>Name of employer(s)</th>
<th>File(s) no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) not recommended for the following reasons –

......................................................................................................................
......................................................................................................................
......................................................................................................................
......................................................................................................................
......................................................................................................................

......................................................... .........................................................
Name of Officer                                                                 Signature
......................................................... .........................................................
Rank                                                                                     Date

(2) The application is approved/ not approved*.

Registration fee (….. rupees) paid/not paid*

Entries made at folio no. ….. in the register of Safety and Health Officer

......................................................... f/Permanent Secretary
Name of Officer                                                                                       Date

.........................................................
THE OCCUPATIONAL SAFETY AND HEALTH ACT
NOTICE IN RELATION TO EXAMINATION OF LIFT

Description and make of lift .................................................................

This lift was examined by a registered machinery inspector on ........................................ (date) in accordance with section 53 of the Occupational Safety and Health Act. The next examination is due on ................................................................. (date).

........................................ ........................................
Signature Date
APPLICATION FORM FOR REGISTRATION TO PRACTISE AS A REGISTERED PROFESSIONAL ENGINEER IN GENERAL CHARGE OF MACHINERY

Name of applicant ..........................................................................................
..................................................................................................................

Address ....................................................................................................
..................................................................................................................

Occupation ............................................................................................... 

National Identity Card no./ Passport no.* ....................................................

Telephone no. ......................... Mobile no. ............................................

Email address ......................... Fax no. ..............................................

Are you registered with the Council of Registered Professional Engineers? Yes/No*

If in the affirmative, please provide documentary evidence

Are you a Registered Machinery Inspector? Yes/No*

Are you a Registered Boiler Inspector? Yes/No*
**SIXTH SCHEDULE - continued**

Details of employer(s) where employed as Registered Professional Engineer in general charge of machinery

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Address of place of work</th>
<th>Total power used or generated by machinery installed (kW)</th>
<th>Full-time/Part-time and no. of working hours thereof*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby apply for registration to practise as a Registered Professional Engineer in general charge of machinery at the place(s) of work referred to above.

I am aware that any person who knowingly or recklessly makes a false statement in purported compliance with a requirement to furnish any information imposed by or under the Occupational Safety and Health Act shall commit an offence.

**Note**

Please provide documentary evidence in respect of –

(a) employment as registered professional engineer in general charge of machinery;
(b) plan of work;
(c) such other particulars as the Permanent Secretary may require.

……………………………..………………………………
Signature Date
The application is –

(a) recommended for registration for the following employer(s) –

<table>
<thead>
<tr>
<th>SN</th>
<th>Name of employer</th>
<th>File no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) not recommended for the following reasons –

.................................................................................................................................................................................................
.................................................................................................................................................................................................

................. ......................................
Name of officer f/Permanent Secretary

.................
Date

The application is approved/not approved* for registration to practise for the following employer(s) –

<table>
<thead>
<tr>
<th>SN</th>
<th>Name of employer</th>
<th>File no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registration fee (…. rupees) paid/not paid*

Receipt no. ……

Entries made at folio no. …… in the register of Registered Professional Engineer in general charge of machinery

........................................
Name of officer

........................................
Signature f/Permanent Secretary

........................................
Date

........................................
Office stamp
TWENTY-SECOND SCHEDULE
[Section 33]

APPLICATION FORM FOR REGISTRATION/RENEWAL
OF REGISTRATION TO PRACTISE AS BOILER
OR MACHINERY INSPECTOR

Name of applicant ..............................................................................................
........................................................................................................................................
Address .............................................................................................................
........................................................................................................................................
Occupation ........................................................................................................
National Identity Card no./ Passport no.* ..............................................................
Telephone no. ................................. Mobile no. .............................................
Email address ................................. Fax no. .....................................................
Are you registered with the Council of Registered Professional Engineers? Yes/No*
If in the affirmative, please provide documentary evidence

Are you recognised by a Classification Society to act as Boiler or Machinery Inspector? Yes/No*
If in the affirmative, please provide documentary evidence
Machinery in respect of which application for registration/renewal of registration is being made. (Tick as appropriate and attach documentary evidence thereof).

<table>
<thead>
<tr>
<th>SN</th>
<th>Machinery</th>
<th>Existing</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Air receivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Cranes and other lifting machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Escalators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Hoists and lifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Refrigeration plants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Steam boilers/steam receivers/steam containers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Vehicle lifts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that any person who knowingly or recklessly makes a false statement in purported compliance with a requirement to furnish any information imposed by or under the Occupational Safety and Health Act shall commit an offence.

…………………………..  …………………………………  
Signature  Date

FOR OFFICE USE ONLY

Registration for steam boiler/new machinery

Recommendation of the Boiler and Machinery Inspectors Board*

The application is recommended for the following machines –

(a) .................................................................;
(b) .................................................................
The application is not recommended for the following machines for reasons stated below.

(a) ………………………………………………………………………;
(b) ………………………………………………………………………..

Renewal of registration for machinery/boiler

The application for registration, in respect of the following machinery, is approved/not approved*.

<table>
<thead>
<tr>
<th>Machinery</th>
<th>Fee paid (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Air receivers</td>
<td></td>
</tr>
<tr>
<td>2. Cranes and other lifting machines</td>
<td></td>
</tr>
<tr>
<td>3. Escalators</td>
<td></td>
</tr>
<tr>
<td>4. Hoists and lifts</td>
<td></td>
</tr>
<tr>
<td>5. Refrigeration plants</td>
<td></td>
</tr>
<tr>
<td>6. Steam boilers/Steam receivers/Steam containers</td>
<td></td>
</tr>
<tr>
<td>7. Vehicle lifts</td>
<td></td>
</tr>
</tbody>
</table>

Registration fee (…. rupees) paid/not paid* Receipt no. ………..

Entries made at folio no. ….. in the register of Boiler and Machinery Inspector

* Delete as appropriate
TWENTY-THIRD SCHEDULE
[Section 85]

NOTIFICATION OF OCCUPATIONAL ACCIDENT BY INSURER

Name ........................................................................................................................................

Address .................................................................................................................................

Business Registration no. ...........................................................................................................

Telephone no. .......................................................... Mobile no. ...........................................

Details of contact person

Name ........................................................................................................................................

Designation .................................................................................................................................

Address ....................................................................................................................................

................................................................................................................................................

National Identity Card no. ...........................................................................................................

Telephone no. .......................................................... Mobile no. ...............................................

Email address .............................................................................................................................

Fax no. .....................................................................................................................................

Name of the injured person(s)/deceased .......................................................................................  

..................................................................................................................................................

National Identity Card no. ...........................................................................................................

..................................................................................................................................................

Contact details of injured person

(1) Office

Telephone no. .......................................................... Mobile no. ...............................................

Email address .............................................................................................................................

Fax no. .....................................................................................................................................
TWENTY-THIRD SCHEDULE - continued

(2) Residence
Telephone no. ......................... Mobile no. ..................................

Contact details of next of kin of deceased

(1) Office
Telephone no. ......................... Mobile no. ..................................
Email address ......................... Fax no. ......................................

(2) Residence
Telephone no. ......................... Mobile no. ..................................

Nature of injury (please attach medical certificate)
Name of employer .................................................................
.............................................................................................
Address .................................................................................
.............................................................................................
Business Registration no. .........................................................

Contact details

(1) Office
Telephone no. ......................... Mobile no. ..................................
Email address ......................... Fax no. ......................................

(2) Residence
Telephone no. ......................... Mobile no. ..................................
TWENTY-THIRD SCHEDULE - continued

Nature of business ..............................................................................................................

Date and place of accident ..................................................................................................

Any further particulars ........................................................................................................

........................................................................................................................................

........................................................................................................................................

I certify that to the best of my knowledge that the information given above is correct.

........................................  ........................................
Name of officer  Signature

........................................  ........................................
Date  Office stamp

* Delete as appropriate
TWENTY-FOURTH SCHEDULE
[Section 86]

NOTIFICATION OF OCCUPATIONAL DISEASE BY INSURER

Name .........................................................................................................................

Address ..............................................................................................................................

Business Registration no. ........................................................................................................

Telephone no. ...................... Mobile no. .................................................................

Details of contact person

Name .........................................................................................................................

Designation .....................................................................................................................

Address ................................................................................................................................

National Identity Card no. ..............................................................................................

Telephone no. ...................... Mobile no. .................................................................

Email address ......................... Fax no. .................................................................

Name of the employee suffering from disease/deceased* ...........................................

National Identity Card no. ..............................................................................................

Contact details of employee suffering from disease

(1) Office

Telephone no. ...................... Mobile no. .................................................................

Email address ......................... Fax no. .................................................................

(2) Residence

Telephone no. ...................... Mobile no. .................................................................
TWENTY-FOURTH SCHEDULE - continued

Contact details of next of kin of deceased

(1) Office
Telephone no. ............................ Mobile no. ..........................................
Email address .............................. Fax no. ............................................

(2) Residence
Telephone no. ............................ Mobile no. ..........................................

Particulars of occupational disease (please attach medical certificate) ..............................................................

Name of employer  .................................................................................................................................

Address ....................................................................................................................................................

Contact details

(1) Office
Telephone no. ............................ Mobile no. ..........................................
Email address .............................. Fax no. ............................................

(2) Residence
Telephone no. ............................ Mobile no. ..........................................

Nature of business ........................................................................................................................................

Any further particulars ...................................................................................................................................

I certify that to the best of my knowledge that the information given above is correct.

.................................................. ..................................................
Name of officer Signature

.................................................. ..................................................
Date Office stamp
TWENTY-FIFTH SCHEDULE
[Section 86]
NOTIFICATION OF OCCUPATIONAL DISEASE BY OCCUPATIONAL HEALTH PHYSICIAN/EMPLOYER

Name of Occupational Health Physician/employer* ..........................................................
...........................................................................................................................................

Address ................................................................................................................................
...........................................................................................................................................

National Identity Card no. .................................................................................................

Business Registration no. .................................................................................................

Contact details

(1) Office

Telephone no. ............................ Mobile no. .................................

Email address ............................. Fax no. ...........................................

(2) Residence

Telephone no. ............................ Mobile no. .................................

Nature of business ...........................................................................................................

Details of contact person

Name ..............................................................................................................................

Designation ....................................................................................................................

Address ...........................................................................................................................

National Identity Card no. ...............................................................................................
TWENTY-FIFTH SCHEDULE - continued

Name of the injured person(s)/deceased .............................................................
......................................................................................................................

National Identity Card no. ..............................................................................

Contact details of employee suffering from disease

(1) Office
Telephone no. ......................... Mobile no. ............................................
Email address ......................... Fax no. ...................................................

(2) Residence
Telephone no. ......................... Mobile no. ............................................

Nature of disease (please attach medical certificate) .................................
......................................................................................................................

Contact details of next of kin of deceased

(1) Office
Telephone no. ......................... Mobile no. ............................................
Email address ......................... Fax no. ...................................................

(2) Residence
Telephone no. ......................... Mobile no. ............................................

Nature of disease (please attach medical certificate) .................................
......................................................................................................................

Name of employer .........................................................................................
......................................................................................................................

Address ........................................................................................................
TWENTY-FIFTH SCHEDULE - continued

Business Registration no. .................................................................

Contact details

(1) Office
Telephone no. .............................. Mobile no. ...............................
Email address ............................... Fax no. .................................

(2) Residence
Telephone no. .............................. Mobile no. ...............................

Nature of business .................................................................

Date and place of accident ...........................................................

Any further particulars ..............................................................
...............................................................................................
..............................................................................................

I certify that to the best of my knowledge the information given above is correct.

.............................................. ..............................................
Name of Occupational Health Signature
Physician/employer*

.............................................. ..............................................
Date Office stamp

* Delete as appropriate
TWENTY-SIXTH SCHEDULE
[Section 87]

APPLICATION FORM FOR FACTORY BUILDING PERMIT

Name ..............................................................................................................................................
Address .......................................................................................................................................... 
National Identity Card no./Passport no. * ...................................................................................... 
Occupation ...................................................................................................................................... 
Certificate of incorporation .......... Business Registration no. ........ 
Contact details
(1) Office
Telephone no. ......................... Mobile no. .................................................................
Email address .............................. Fax no. .................................................................
(2) Residence
Telephone no. ............................. Mobile no. .................................................................
Details of contact person
(1) Office
Telephone no. ............................. Mobile no. .................................................................
Email address .............................. Fax no. .................................................................
(2) Residence
Telephone no. ............................. Mobile no. .................................................................
Where contact person is a company, please do provide the following also –
(a) Certificate of incorporation no. .... (b) Business Registration no. ..... 
Particulars of proposed factory building/building appurtenant to a factory Address ..............................................................................................................................
### TWENTY-SIXTH SCHEDULE - continued

Nature of process to be carried out .................................................................

<table>
<thead>
<tr>
<th>Examinable/Non-examinable machine intended to be placed in factory</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Steam boiler</td>
<td></td>
</tr>
<tr>
<td>2. Steam receiver</td>
<td></td>
</tr>
<tr>
<td>3. Air receiver</td>
<td></td>
</tr>
<tr>
<td>4. Hoist and lift</td>
<td></td>
</tr>
<tr>
<td>5. Crane and other lifting machine</td>
<td></td>
</tr>
<tr>
<td>6. Woodworking machine</td>
<td></td>
</tr>
<tr>
<td>7. Refrigeration plant</td>
<td></td>
</tr>
<tr>
<td>8. Vehicle lift</td>
<td></td>
</tr>
<tr>
<td>9. Escalator</td>
<td></td>
</tr>
<tr>
<td>10. Others</td>
<td></td>
</tr>
</tbody>
</table>

Is any chemical intended to be used, manufactured or likely to be formed in the course of any process? Yes/No*

If in the affirmative, please specify the names and quantities of the chemicals

<table>
<thead>
<tr>
<th>Name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>substances hazardous to health</td>
<td></td>
</tr>
<tr>
<td>corrosive</td>
<td></td>
</tr>
<tr>
<td>flammable</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>
TWENTY-SIXTH SCHEDULE - continued

Proposed number of employees

(1) Male employees .................................................................................................

(2) Female employees ..............................................................................................

Particulars of welfare facilities

State number and particulars of –

(a) Sanitary conveniences for –

   (i) male employees ............................................................................................... 

   (ii) female employees ............................................................................................

(b) Washing facilities ............................................................................................... 

(c) Mess or facilities for the taking of meals ......................................................... 

(d) Accommodation for clothing or changing room ............................................

Particulars of documents to be submitted at time of application

(a) proper site and location plans

(b) layout plan together with –

   (i) detailed drawings showing elevation, sections and plans of each floor of the factory or building, drawn to scale;

   (ii) proposed layouts of machinery intended to be placed therein; and

   (iii) the welfare facilities to be provided for the employees;

(c) such other particulars as the Permanent Secretary may require.

................................................. .................................................................

Signature Date

* Delete as appropriate
TWENTY-SIXTH SCHEDULE - continued

FOR OFFICE USE ONLY

The application is* –

(a) approved with conditions/without conditions*
(b) not approved

Factory building permit fee (….. rupees) paid/not paid* Receipt no. ……

Entries made at folio no. ….. in the register

..........................................................  ..........................................................
Name  f/Permanent Secretary

..........................................................
Date

..........................................................