

GUYANA

No. 2 of 2006

REGULATIONS

Made Under

**OCCUPATIONAL SAFETY AND HEALTH ACT
(No. 32 of 1997)**

**IN EXERCISE OF THE POWERS CONFERRED UPON ME BY SECTION 75 OF
THE OCCUPATIONAL SAFETY AND HEALTH ACT 1997, I
HEREBY MAKE THE FOLLOWING REGULATIONS:-**

- Citation. 1. These Regulations may be cited as the Occupational Safety and Health (Fees and Prescribed Forms) Regulations 2006.
- Fees payable. 2. The fees specified in the First Schedule shall be paid in respect of
First Schedule. the various matters specified in the said Schedule.
- Registration of industrial establishment. Form 1. Second Schedule. 3(1). An application under section 7 (1) of the Act for the registration of an industrial establishment shall be in Form 1 in the Second Schedule.
- Form 2. Second Schedule. (2) A certificate of registration under section 7(4) of the Act shall be in Form 2 in the Second Schedule.
- Certificate of appointment of Inspector. Form 3. Second Schedule. 4. The certificate of appointment of an Inspector referred to in section 14 (1) of the Act shall be in Form 3 in the Second Schedule.
- Annual Report of medical inspector. Form 4. Second Schedule. 5. The annual report of the medical inspector referred to in section 19 of the Act shall be in Form 4 in the Second Schedule.

General Register.

6. The General Register referred to in section 86 of the Act shall be in

Form 5.

Second Schedule.

Form 5 in the Second Schedule.

FIRST SCHEDULE

Reg.2

1. For registration of an industrial establishment and
a certificate of registration \$ 1,000.
2. For a certificate of continued registration \$1,000.
3. For a certificate of renewal of registration \$500.

SECOND SCHEDULE

Regs. 3,4,5,6.

FORM 1

Reg. 3(1)

**APPLICATION FOR REGISTRATION OF AN INDUSTRIAL
ESTABLISHMENT**

Occupational Safety and Health (Fees and Prescribed Forms) Regulations 2006, reg. 3 (1)

To the Occupational Safety and Health Authority

Georgetown.

I hereby apply for the *registration/continuation of registration/renewal of registration of the industrial establishment specified below as a *new/existing industrial establishment.

- Name and Address of Owner _____
- Name and Address of Occupier _____
- Address of Industrial Establishment _____
- Nature and Object of the process
carried on in the Industrial Establishment _____
- Type of Industrial Establishment _____
- Hazardous chemicals and hazardous
physical agents present in the Industrial
Establishment _____
- Does the Industrial Establishment or mine
constitute a major hazard installation? _____

Number of Employees		Adults 18 years of age and over		Young Persons Between 15 and 18 years of age	
		M	F	M	F
A	Number normally employed				
B	Number employed at date of application				

Signed

* Owner/Occupier/Manager

Date thisday of200.....

*Delete whichever is not applicable

Establishment _____

- Is Industrial Establishment or Mine a major

Hazard Installation?

Yes

No

	Number of Employees	Adults 18 years of age and over		Young Persons Between 15 and 18 years of age	
		M	F	M	F
A	Number normally employed				
B	Number employed at date of application				

Reg. No.

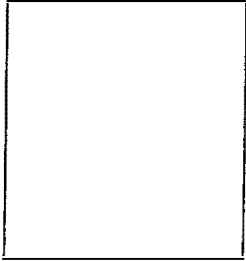
Occupational Safety & Health Authority

Dated this day 200....

FORM 3

Reg.4

MINISTRY OF LABOUR



Photograph of Inspector

.....

Name of Inspector

.....

Officer's Signature

.....

Minister

This is to certify that the holder of this card whose photograph appear herein has been designated an Inspector under section 12(4) of the Occupational Safety and Health Act 1997.

FORM 4

Reg. 5

ANNUAL REPORT OF MEDICAL INSPECTOR

Occupational Safety and Health Authority,

I submit the following report on the duties performed by me as Medical Inspector for the year ending.....

Date	Industrial Establishment	Reason for visit	Action taken	Remarks

Signature

.....

(1) ACCIDENTS FATAL

Date	Industrial Establishment	Name of deceased	Age	Nature and extent of injuries	Remarks

(2) ACCIDENTS: NON-FATAL

Date	Industrial Establishment	Name of injured person	Age	Nature and extent of injury	Period of Incapacity	Degree of incapacity expressed as a %	Remarks

58

10

(3) DISEASES OR POISONING

Date	Industrial Establishment	Name of person affected	Age	Is disease or poisoning attributed to occupation?	Remarks

GENERAL REPORT

Signed

.....

Name

.....

Date

.....

FORM 5

Reg. 6

**GENERAL REGISTER TO BE KEPT IN CONNECTION WITH EACH
INDUSTRIAL ESTABLISHMENT****Occupational Safety and Health (Fees and Prescribed Forms)
Regulations 2006 reg. 6**

INDEX			PAGE	
Part I	General	1	}	This Register, showing all the required particulars must be kept available for inspection by the O.S.H Authority, Inspector and Medical Inspector for two years after the last entry.
Part II	Young Persons (16-18 yrs)	2		
Part III	Washing, painting etc.	3-4		
Part IV	Industrial accidents and diseases	5-8		

Part 1 GENERAL

Name and Address of Occupier

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

*Nature and object of work
carried on*

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

Registration Licence Number

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

*Name and address of
Company Secretary*

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

Part 11 YOUNG PERSONS - 15 - 18years

No.	Name in Full	Date of Birth	Address	Nature of Employment	Date of Employment
1					
2					
3					
4					
5					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

Part 111 WASHING, PAINTING ETC.

Subject to such conditional exemptions, all inside walls, partitions and ceilings of every industrial establishment shall-

- (a) where they have a smooth impervious surface, be washed with soap and water once every twelve (12) months; or
- (b) where they are painted with oil paint or varnished, be repainted or re-varnished at least every seven (7) years and washed with soap and water every twelve (12) months; or
- (c) in other cases be whitewashed or colour washed once every twelve (12) months: (See reg. 3 (1) (c) of the O.S.H (Health and Welfare) Regulations).

Where exemption is claimed, particulars must be stated below.

Parts of the industrial establishment for which exemption is claimed.	Surfaces (e.g. ceiling, walls) to be exempted.

Signature of Occupier or Manager

.....

Date

.....

PAINING, WHITEWASHING, ETC.

DATES			Parts Whitewashed, painted, varnished, or washed on the dates specified in columns 1 to 3	
Month (1)	Day (2)	Year (3)	Part (4)	Treatment (5)

PART IV
INDUSTRIAL ACCIDENTS AND DISEASES

No	Full name of person injured or affected	Nature of Employment	Date of Birth	Date of Employment	Date of Leaving Employment	Address	Date of accident or dangerous occurrence	Date of notice on prescribed form to the O.S.H. Authority	How accident or dangerous occurrence was caused? If by Machinery, what part of such machinery, and whether machinery was in motion	Sex	Age	Usual Employment	Precise occupation at time of accident	Nature of injury and whether fatal or not	Period of Disablement

Made this 10th day of March, 2006

B. D. A. Bismuth

Minister of Labour, Human Services and Social Security.