1979 No. 185

HEALTH AND SAFETY

FACTORIES

Notice of Industrial Diseases Order (Northern Ireland) 1979

Made . . . . . 31*st May* 1979

Coming into operation . . . . 29*th June* 1979

The Department of Manpower Services, in exercise of the powers conferred by section 80(3) of the Factories Act (Northern Ireland) 1965(a) and now vested in it(b) and of every other power enabling it in that behalf, hereby makes the following Order:—

1.—(1) This Order may be cited as the Notice of Industrial Diseases Order (Northern Ireland) 1979 and shall come into operation on 29th June 1979.

(2) The Notice of Industrial Diseases Order (Northern Ireland) 1964(c) is hereby revoked.

2. The written notice of cases of certain industrial diseases required to be given under section 80(3) of the Factories Act (Northern Ireland) 1965 shall be in the form set out in the Schedule and shall be accompanied by the particulars therein specified.

Sealed with the Official Seal of the Department of Manpower Services for Northern Ireland on 31st May 1979.

(L.S.)

D. J. Perham
Senior Assistant Secretary

(a) 1965 c. 20 (N.I.)
(b) S.R. & O. (N.I.) 1973 No. 504, Article 6(1) (II, p. 2992)
(c) S.R. & O. (N.I.) 1964 No. 103 (p. 543)

Article 2 SCHEDULE Form N.I.41

Form prescribed by the Department of Manpower Services for Northern Ireland

NOTICE OF CASE OF POISONING OR DISEASE

occurring in a factory or in other premises or places to which the provisions of section 80(3) of the Factories Act (Northern Ireland) 1965 apply

For Official Use

Date of receipt.....

No. of case.....

1. **Occupier of factory** (or person carrying on processes at docks and certain other places)

(a) Name.....

(b) Address.....

(c) Industry.....

2. **Actual employer** (if other than above)

(a) Name.....

(b) Address.....

3. **Place where person affected had been working**

(a) Address (if different from 1(b) above).....

(b) Exact location.....

(c) Nature of work carried on there.....

.....

4. **Person affected**

(a) Full name (surname first) .....

(b) Sex..... Age..... Precise occupation (avoid the term "labourer" where possible).....

.....

(c) Address.....

.....

5. **Nature of poisoning or disease**

.....

6. **Notifications:** Has the case been (a) reported to the Employment Medical Adviser? .....

(b) entered in the General Register?

.....

Signature of Occupier etc..... Date.....

EXPLANATORY NOTE

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

This Order prescribes the form of written notice required by section 80(3) of the Factories Act (Northern Ireland) 1965 to be used in every case of certain industrial diseases occurring in a factory or in other premises or places to which the provisions of section 80 of the Act apply.

The form prescribed by this Order supersedes that prescribed by the Notice of Industrial Diseases Order (Northern Ireland) 1964 which is revoked.