

## Factories

Cap. 347.

FACTORIES (FORMS AND FEES)  
REGULATIONS, 1984

1984/108.

**Authority:** These regulations were made on 22nd June, 1984 by the Minister under section 106(1) of the *Factory Act*.

**Commencement:** 26th July, 1984.

1. These Regulations may be cited as the *Factories (Forms and Fees) Regulations, 1984*.

2. In pursuance of subsections (3) and (4) of section 30 of the Act, a steam boiler shall be examined and a report made of that examination in the manner set out in Forms A and B of the *First Schedule*.

First  
Schedule.

3. In pursuance of subsections 6 and 8(a) of section 31 of the Act, a steam receiver shall be examined and a report made of that examination in the manner set out in Form C of the *First Schedule*.

First  
Schedule.

4. In pursuance of subsections 5 and 6(a) of section 32 of the Act, an air receiver shall be examined and a report made of that examination in the manner set out in Form D of the *First Schedule*.

First  
Schedule.

5. An application made under section 33 of the Act for a certificate from the Chief Fire Officer to the effect that a factory or a proposed factory is provided with a sufficient means of escape in case of fire, shall be in the manner set out in Form E of the *First Schedule*.

First  
Schedule.

6. The fee payable for the examination or re-examination of a steam boiler under subsection (11) of section 30 of the Act is that set out in column 2 of the *Second Schedule* opposite the appropriate area of heating surface of the boiler that is to be examined or re-examined.

Second  
Schedule.

7. The general register to which section 90 of the Act refers shall be in the form of a loose leaf binder containing the Forms F and G set out in the *Third Schedule*, and all other reports and particulars required by the Act to be kept in or attached to the register.

Third  
Schedule.

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## FIRST SCHEDULE

(Regulations 2, 3, 4 and 5)

## The Factories Act, Cap. 347

## FORM A

## REPORT OF EXAMINATION OF STEAM BOILER WHEN COLD

NAME OF OCCUPIER.....

## Address of

- (a) Factory or of premises to which  
section 77 of the Act refers
- (b) Head Office of Occupier

Note:- Address (b) is required only in the case  
of a boiler used in temporary location  
e.g. on a building operation, work of  
engineering construction.

Description and distinctive number of Boiler  
and type                                    ...                                    ...                                    ...

Date of Construction                    ...                    ...                    ...

The history should be briefly given,  
and the examiner should state whether  
he has seen the last previous report.

Date of last hydrostatic tests (if any) and  
pressure applied                                    ...                                    ...                                    ...

Quality and source of water    ...                    ...

Is the boiler in the open or otherwise exposed to the weather or to damp?

1. *Boiler*

- (a) What parts of seams, drums or headers are covered by brickwork?
- (b) Date of last exposure of such parts for the purpose of examination ...

- (c) What parts (if any) other than parts covered by brickwork and mentioned above were inaccessible?
- (d) What examination and tests were made? (If there was any removal of brickwork, particulars should be given here).
- (e) Condition of boiler – External (State any defects materially affecting the maximum permissible working pressure).  
**Internal**

2. *Fittings and Attachments*

- (a) Are there proper fittings and attachments?
- (b) Are all fittings and attachments in satisfactory condition (so far as ascertainable when not under pressure)?

- 3. Repairs (if any) required, and period within which they should be executed, and any other conditions which the person making the examination thinks it necessary to specify for securing safe working.

<p>4. Maximum permissible working pressure calculated from dimensions and from the thickness and other data ascertained by the present examination; due allowance being made for conditions of working if unusual or exceptionally severe. Where repairs affecting the working pressure are required, state the maximum permissible working pressure:</p> <p>(a) Before the expiration of the period specified in (3) ... ..</p>	<p>(a) .....</p>
<p>(b) After the expiration of such period if the required repairs have not been completed ... ..</p> <p>(c) After the completion of the required repairs ... ..</p>	<p>(b) .....</p> <p>(c) .....</p>
<p>5. <i>Other observations</i> ... ..</p>	

Subject to the reservation (noted above) of certain points of examination under steam pressure I certify that on ..... the boiler above described was sufficiently scaled, prepared, and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination, and that on the said date I thoroughly examined the boiler, including its fittings and attachments, and that the above is a true report of the result.

Signature .....

Qualification .....

Address .....

.....

Date .....

## FORM B

REPORT OF EXAMINATION OF STEAM BOILER  
UNDER NORMAL STEAM PRESSURE

NAME OF OCCUPIER	...	...	
Address of			
(a) Factory or of premises to which section 77 of the Act refers			
(b) Head Office of Occupier	...		
Note:- Address (b) is required only in the case of boiler used in a temporary location			
Description and distinctive number of Boiler and type	...	...	...
1. Condition (External)	...	...	...
2. Fittings and Attachments			
(a) (i) Is the safety valve so adjusted as to prevent the boiler being worked at a pressure greater than the maximum permissible working pressure specified in the last report (Form A) on the examination when cold?			
(ii) If a lever safety valve, is the weight secured on the lever in the correct position?			
(b) Is the pressure gauge working correctly?			
(c) Are the water gauges in proper working order?			

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3. Repairs (if any) required and period within which they should be executed and any other conditions which the person making the examination thinks it necessary to specify for securing safe working

4. Other observations      ...      ...

I certify that on ..... I examined the abovementioned boiler under normal steam pressure and that the above is a true report of the result.

Signature ..... Qualification .....

Address ..... Date .....

.....

**FORM C**

**REPORT OF EXAMINATION OF STEAM RECEIVER**

1. NAME OF OCCUPIER  
OR TITLE OF FIRM

2. NAME AND ADDRESS OF  
OWNER OF PREMISES

3. ADDRESS OF PREMISES

4. DESCRIPTION OF RECEIVER

5. DATE OF CONSTRUCTION

6. NAME AND ADDRESS OF  
MANUFACTURER

7. DATE OF LAST HYDROSTATIC  
TEST

8. BRIEF HISTORY AND STATE DATE  
OF LAST PREVIOUS REPORT SEEN

9. WHAT EXAMINATION AND TESTS WERE CARRIED OUT?	
10. WHAT PARTS IF ANY WERE INACCESSIBLE?	
11. CONDITION INTERNALLY	
12. CONDITION EXTERNALLY	
13. ARE SAFETY APPLIANCES, MOUNTINGS AND ATTACHMENTS SUITABLE, PROPERLY MAINTAINED AND ADJUSTED IN ACCORDANCE WITH SECTIONS 31(1), (2), (3), (4) AND (5) OF THE ACT?	
14. IS THE PRESSURE GAUGE PLAINLY VISIBLE AND MARKED CONSPICUOUSLY AT THE SAFE WORKING PRESSURE?	
15. STATE THE MAXIMUM SAFE WORKING PRESSURE	
16. OTHER OBSERVATIONS AFFECTING SAFE WORKING	

**CERTIFICATE**

I certify that on ..... the steam receiver described, including its fittings, mountings and attachments was thoroughly clean and, so far as its construction permits, made accessible for thorough examination and for such tests as were considered necessary and I thoroughly examined the receiver including its fittings and the foregoing is a true report of the results of the examination.

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If employed by a company  
or association, give  
name and address

Signature.....

Qualification.....

Address.....

Date .....

**NOTES**

A. According to the type of receiver, facilities should be given by the occupier for such examination (internal and external) hammer testing, drilling, lifting, hydraulic testing, or other means of testing as may be necessary for the thorough examination.

B. Where, before completing the examination the person making the examination considers that further examination is necessary in order to test the unit under normal pressure, a provisional entry "Subject to supplementary report after examination under normal pressure" may be made in regard to the matters in question; provided that the thorough examination is completed within the statutory period.

**FORM D**

**REPORT OF EXAMINATION OF AIR RECEIVER**

NAME OF OCCUPIER     ...     ...     ...	
Address of (a) Factory or of premises to which section 78 of the Act refers (b) Head Office of Occupier Note:- Address (b) is only required in the case of a receiver used in a temporary location e.g. building operation, work of engineering construction.	
Description and distinguishing mark of receiver and type     ...     ...     ...	
Date of Construction (if ascertainable) The history should be briefly given, and	



<p>examiner should state whether he has seen the last previous report.</p>	
<p>Date of last hydraulic test (if any) and pressure applied ... ..</p>	
<p>1. Receiver</p> <p>(a) What parts (if any) were inaccessible?</p> <p>(b) What examination and tests were made?</p> <p>(c) Condition of Receiver</p> <p style="padding-left: 40px;">External</p> <p style="padding-left: 40px;">(State any defect materially affecting the safe working pressure)</p> <p style="padding-left: 40px;">Internal</p>	
<p>2. Fittings</p> <p>Are the required fittings and appliances provided in accordance with the Factories Act Cap. 347?</p> <p>Are all fittings and appliances properly maintained and in good condition?</p>	
<p>(See Note B overleaf).</p>	
<p>3. Repairs (if any) required, and period within which they should be executed and any other condition which the person making examination thinks it necessary to specify for securing safe working ...</p>	
<p>4. Safe working pressure, calculated from dimensions and from the thickness and other data ascertained by the present examination; due allowance being made for conditions of working if unusual or exceptionally severe</p>	

Where repairs affecting the working pressure are required, state the safe working pressure:

- (a) before the expiration of the period specified in (3)
- (b) after the expiration of such period if the required repairs have not been completed
- (c) after the completion of the required repairs

(a) .....

(b) .....

(c) .....

5. Other Observations. (See Note C)

I certify that on ..... the air receiver described above was thoroughly clean and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination and that on the said date I thoroughly examined the receiver, including its fittings, and that the above is a true report of my findings.

If employed by the Company or Association give Name and Address

Signature .....

Qualification .....

.....  
Date .....

NOTES.

A. According to the type of air receiver, facilities should be given by the occupier for such examination (internal and external), hammer testing, drilling, lifting, hydraulic testing, or other means of testing as may be necessary for the thorough examination.

B. Where, before furnishing replies to item 2, the person making the examination considers that further examination is necessary in order to test the fittings under normal pressure, a provisional entry "Subject to supplementary report after examination under normal pressure" may be made in regard to the

matters in question; provided that the thorough examination is completed within the statutory period.

C. When the person making the examination considers that the next examination of a solid drawn receiver may be made after a period exceeding 12 months, the period within which the next examination is to be made should be specified in item 5.

## FORM E

## APPLICATION FOR CERTIFICATE OF FIRE ESCAPE

To: The Chief Fire Officer

(1)	NAME OF OCCUPIER OR TITLE OF FACTORY	
(2)	NAME AND ADDRESS OF OWNER OR PREMISES TO BE USED AS A FACTORY	
(3)	POSTAL ADDRESS OF FACTORY	
(4)	PROPOSED NUMBER OF PERSONS TO BE EMPLOYED OR NUMBER EMPLOYED	
(5)	NATURE OF WORK OR PROCESS(ES)	
(6)	NAMES OF MATERIALS OR CHEMICALS USED	
(7)	TYPE OF BUILDING: CONCRETE, METAL TIMBER	
(8)	FLOOR AREA OF BUILDING NUMBER OF FLOORS	
(9)	NUMBER OF PERSONS ON EACH FLOOR	
(10)	TYPE OF FIRE ALARM SYSTEM	

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(11) NUMBER OF EMERGENCY EXITS	
(12) TYPE OF FIRE EXTINGUISHING MEDIA	
(13) DATE FACTORY ESTABLISHED	
(14) DATE OF APPLICATION AND SIGNATURE OF APPLICANT	

**FOR ADMINISTRATIVE PURPOSES ONLY**

(15) DATE RECEIVED	
(16) DATE INSPECTED	
(17) CERTIFICATE GRANTED/REFUSED	DATE
(18) REASON FOR REFUSAL	
(19) SIGNATURE OF CHIEF FIRE OFFICER	DATE

## SECOND SCHEDULE

(Regulation 6)

## FEES

Area of heating surface of boiler	Examination of steam boiler and issue of re- port in the Form A of the First Schedule	Examination of steam boiler and issue of report in the Form B of the First Schedule
	\$	\$
Up to 34.5 square feet or 3.2 square metres ... ..	170.00	80.00
Over 34.5 square feet to 345 square feet or 3.2 square metres to 32 square metres ... ..	200.00	100.00
Over 345 square feet to 690 square feet or 32 square metres to 64 square metres ... ..	270.00	130.00
Over 690 square feet to 1,380 square feet or 64 square metres to 128 square metres ... ..	335.00	165.00
Over 1,380 square feet to 6,459 square feet or 128 square metres to 600 square metres ... ..	400.00	200.00
Over 6,459 square feet to 12,917 square feet or 600 square metres to 1,200 square metres ... ..	500.00	250.00
Over 12,917 square feet or 1,200 square metres ... ..	600.00	300.00

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THIRD SCHEDULE

*(Regulation 7)*

FORM F

PARTICULARS RESPECTING ACCIDENTS

1. Name of employer.....  
.....
  2. Address of works or place where accident happened.....  
.....
  3. Nature of industry, occupation or business.....  
.....
  4. Branch or department and exactly where accident happened.....  
.....
  5. Injured person's
    - (a) surname
    - (b) other names
    - (c) address
    - (d) sex
    - (e) age last birthday
    - (f) precise occupation  
(avoid the term "Labourer" where possible)
  6. Date and hour of accident.....  
.....
  7. Hour at which injured person started work on day of accident.....  
.....
  8. Cause or nature of accident.....  
.....  
If caused by machinery,
    - (a) give name of machine and part causing accident.....  
.....
    - (b) state whether machine was moved by mechanical power at the time of the accident.....  
.....
  9. Nature, location and extent of injuries.....  
.....
- Date: .....  
Signature of employer.

(Regulation 7)

FORM G

PARTICULARS RESPECTING OCCUPATIONAL DISEASE

Works

- 1. Name of employer.....
- 2. Address of place of employment  
.....
- 3. Address of office.....  
.....  
(if work on the place of employment is only temporary)
- 4. Nature of industry, occupation, or business  
.....
- 5. Nature of occupational disease  
.....
- 6. (a) Surname.....  
(b) Other names.....  
.....

Persons affected

- 7. Address (permanent).....  
.....
  - 8. Temporary address (if any).....  
.....
  - 9. Sex, and age last birthday .....
  - 10. Precise occupation .....
- (avoid the term "Labourer" where possible)

Date:

.....  
Signature of employer