CHAPTER 2 LEGISLATION AND CODES OF PRACTICE

2.1 GENERAL

2.1.1 The lists of ordinances, regulations, codes of practice and rules and administrative directions which are relevant to workplace safety and health set out in this chapter are not exhaustive and should not be regarded as complete. Contractors and others responsible for construction safety must appraise themselves of the full extent of their own statutory responsibilities for the safety and health of their workplaces.

2.1.2 Construction site safety is mainly governed by the Factories and Industrial Undertakings Ordinance and its subsidiary Regulations. However, the following Ordinances are also relevant:

- the Dangerous Goods Ordinance
- the Electricity Ordinance
- the Fire Services Ordinance
- the Waste Disposal Ordinance
- the Shipping and Port Control Ordinance
- the Builders' Lifts and Tower Working
- Platforms (Safety) Ordinance
- the Boilers and Pressure Vessels Ordinance
- the Gas Safety Ordinance
- the Occupational Safety and Health Ordinance

2.2 FACTORIES AND INDUSTRIAL UNDERTAKINGS ORDINANCE

2.2.1 The Ordinance

(a) This Ordinance controls safety and health at work relating to industrial undertakings (including construction sites). It empowers the Commissioner for Labour to make and amend safety regulations.

(b) The particular provisions to note are as follows:

(i) Section 6A, under which a proprietor (i.e. the contractor and/or the sub-contractors) has the duty to ensure, so
far as is reasonably practicable, the safety and health at work of all persons employed by him in the construction site. His duty extends to but is not limited to the following matters:

- provision and maintenance of plant and systems of work;
- use, handling, storage and transportation of articles and substances;
- provision of information, instruction, training and supervision;
- provision and maintenance of means of access to and egress from all parts of the site; and
- the provision and maintenance of the working environment.

(ii) Section 6B, under which a person employed has to:

- take reasonable care for the safety and health of himself and of other persons who may be affected by his act or omissions at work; and
- co-operate with the management to comply with safety requirements.

2.2.2 The Subsidiary Regulations

The following subsidiary Regulations of the Factories and Industrial Undertakings Ordinance are relevant to construction works:

(a) Factories and Industrial Undertakings Regulations

* (b) Factories and Industrial Undertakings (Confined Spaces) Regulations

(c) Factories and Industrial Undertakings (Blasting by Abrasives) Special Regulations

* (d) Factories and Industrial Undertakings (Notification of Occupational Diseases) Regulations

(e) Quarries (Safety) Regulations
* (f) Factories and Industrial Undertakings (Woodworking Machinery) Regulations
* (g) Construction Sites (Safety) Regulations
* (h) Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations
* (i) Factories and Industrial Undertakings (Cargo and Container Handling) Regulations
* (j) Factories and Industrial Undertakings (Abrasive Wheels) Regulations
* (k) Factories and Industrial Undertakings (Work in Compressed Air) Regulations
* (l) Factories and Industrial Undertakings (Spraying of Flammable Liquids) Regulations
* (m) Factories and Industrial Undertakings (Guarding and Operation of Machinery) Regulations
* (n) Factories and Industrial Undertakings (Cartridge-Operated Fixing Tools) Regulations
* (o) Factories and Industrial Undertakings (Protection of Eyes) Regulations
* (p) Factories and Industrial Undertakings (Noise at Work) Regulations
* (q) Factories and Industrial Undertakings (Electricity) Regulations
* (r) Factories and Industrial Undertakings (Asbestos) Special Regulations
* (s) Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations
* (t) Factories and Industrial Undertakings (Carcinogenic Substances) Regulations
* (u) Factories and Industrial Undertakings (Dangerous Substances) Regulations
* (v) Factories and Industrial Undertakings (Suspended Working Platforms) Regulation

A copy of the above Ordinance and subsidiary Regulations should be kept on site for reference by site staff. Enquiries concerning the Ordinance and
Regulations may be made to the Occupational Safety and Health Branch of the Labour Department.

2.2.3 **Guides to the Ordinance and Subsidiary Regulations**

Labour Department has published guides to the Factories and Industrial Undertakings Ordinance (Sections 6A and 6B) and those subsidiary Regulations in Section 2.2.2 marked with asterisks (*). These guides set out briefly the provisions of the legislation and explain the law in simple language. They are designed to serve as handy references on matters requiring attention. Please note that while every care has been exercised in the preparation of these guides, the Ordinance and subsidiary Regulations remain as the sole authorities for the provisions of the law. A set of these guides should be kept on site for reference by site staff.

2.2.4 **Enforcement of the Ordinance and Subsidiary Regulations**

The Labour Department is responsible for the enforcement of safety legislation on construction sites through its Occupational Safety and Health Branch. The Quarries (Safety) Regulations are administered by the Mines Division of Civil Engineering Department. Prosecution will be taken out against any breach of the statutory provisions. Occupational Safety Officers of Labour Department will also conduct investigations into serious accidents and make recommendations on the prevention of similar accidents. Senior Shipping Safety Officer of Marine Department is responsible for marine construction safety matters.

2.2.5 **Statutory Forms**

(a) The statutory forms under the subsidiary regulations of the Factories and Industrial Undertakings Ordinance and applicable to construction sites are listed below:

(i) **Factories and Industrial Undertakings Regulations**

Form 1 Register of Persons Employed to Work Underground in Industrial Undertakings

Form 2 Medical Examination Report

Form 3 Certificate as to Fitness of Employee/Proposed Employee
(ii) **Factories and Industrial Undertakings (Notification of Occupational Diseases) Regulations**

Form of Notice (Notice of Occupational Disease)

(iii) **Construction Sites (Safety) Regulations**

Form 1 Reports of Results of Weekly Inspections of Hoists

Form 2 Certificate of Test and Thorough Examination of Hoist

Form 3 Hoists: Reports of Results of Six-monthly Thorough Examinations

Form 4 Excavations and Earthworks: Reports of Results of Weekly Examinations

Form 5 Scaffolds: Reports of Results of Monthly or Other Inspections

(iv) **Factories and Industrial Undertakings (Work in Compressed Air) Regulations**

Form 1 Lock Attendant's Register

Form 2 Compressed Air Worker's Transfer Record

Form 3 Compressed Air Worker's Medical Card

Form 4 Compressed Air Worker's Decompression Sickness Case Sheet

Form 5 Compressed Air Worker's Individual Air Record

Form 6 Compressed Air Health Register

Form 7 Notification of Commencement of Work in Compressed Air

Form 8 Advisory Leaflet for Issue to Persons Who Work in or Enter Compressed Air
(v) Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations

Form 1 Application for Registration as a Safety Officer

Form 2A Monthly Report to be Prepared by Safety Officer Employed at Construction Sites

Form 3A Weekly Report to be Prepared by Safety Supervisor Employed at Construction Sites

Form 4 Notice of Employment of Safety Officer

Form 5 Notice of Employment of Safety Supervisor

(vi) Factories and Industrial Undertakings (Carcinogenic Substances) Regulations

Schedule (Health Register of Persons Employed in connection with Carcinogenic Substances)

(vii) Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations

Form 1 Reports of Results of Weekly Inspections of Lifting Appliances

Form 2 Certificate of Test and Thorough Examination of Anchoring or Ballasting of Cranes

Form 3 Certificate of Test and Thorough Examination of Cranes, Crabs and Winches

Form 4 Certificate of Test and Thorough Examination of Lifting Appliances [Except Cranes, Crabs and Winches]

Form 5 Lifting Appliances : Certificate of Results of Thorough Examinations in the Preceding Twelve Months

Form 6 Certificate of Test and Thorough Examination of Chains, Ropes and Lifting Gear
(viii) **Factories and Industrial Undertakings (Suspended Working Platforms) Regulation**

Form 1 Certificate of Weekly Inspection of Suspended Working Platform

Form 2 Certificate of Thorough Examination of Suspended Working Platform

Form 3 Certificate of Load Test and Thorough Examination of Suspended Working Platform

(ix) **Factories and Industrial Undertakings (Noise at Works) Regulations**

Noise Assessment Reports

b) The following standard forms have been produced by the Labour Department to facilitate reporting:

(i) **Construction Sites (Safety) Regulations**

Notification of Construction Work (L.D. 202)

(ii) **Factories and Industrial Undertakings (Asbestos) Special Regulations**

Notification of Processes Involving Asbestos (L.D. 403)

(c) A copy of the forms mentioned above are to be found at Appendix I.

2.3 **OTHER RELEVANT ORDINANCES**

**General**

2.3.1 The main points of other relevant ordinances are given below. The site staff, however should consult the legislation for the details. Enquiries concerning these ordinances may be made to the relevant authorities.
2.3.2 Dangerous Goods Ordinance

(a) The Ordinance

This Ordinance provides legislative control for dangerous goods of categories 1 to 10, both on land and at sea. In particular, Section 6 specifies the requirement of a licence for manufacturing, storing, conveying or using any dangerous goods. Except for category 1 dangerous goods (i.e. explosives), for which the controlling authority is the Commissioner of Mines, the Director of Fire Services is the controlling authority for category 2 (except LPG) to 10 on land, whilst the Director of Marine is the controlling authority for dangerous goods at sea.

(b) Subsidiary Legislation

(i) The Dangerous Goods (Application and Exemption) Regulations

(ii) The Dangerous Goods (General) Regulations

(iii) The Dangerous Goods (Shipping) Regulations

2.3.3 Electricity Ordinance

(a) The Ordinance

This Ordinance requires the registration of electrical workers, contractors and generating facilities; specifies safety requirements for electricity supply, electrical wiring and electrical products; and provides powers for electricity suppliers and the Government on aspects of electrical accidents and enforcement of the Ordinance.

(b) The Electricity (Wiring) Regulations

These Regulations lay down general requirements for the design, construction, installation, wiring and protection of fixed electrical installations.

2.3.4 Fire Services Ordinance

This Ordinance sets out requirements on prevention of fire hazard; regulation on the registration of fire services installation contractors; control of the sale, supply, installation, repair, maintenance
and inspection of fire services installations or equipment. In particular, Section 2 provides the interpretation of fire hazards; Section 7(c) provides the duty to give advice on fire protection measures and fire hazards as occasion requires; Section 9(1) gives the abatement power of fire hazards. It also sets out the penalties for contravention of the provisions.

2.3.5 Waste Disposal Ordinance

(a) The Ordinance

This Ordinance serves to regulate the production, storage, collection, transportation, disposal, reprocessing and recycling of chemical waste which includes asbestos waste.

Under Section 17, any person having in his possession asbestos waste of the prescribed class and quantity shall before collection, removal and disposal etc., give notice to the Director of Environmental Protection regarding such waste. Such notice may be submitted on standard notification forms which are available from the Solid Waste Control Group of EPD. Upon receipt of the notice, the Director of Environmental Protection may issue directions to the person concerned in respect of collection, removal and disposal etc. of the asbestos waste. Failure to notify the Director of Environmental Protection or non-compliance with the directions is an offence.

(b) Waste Disposal (Chemical Waste) (General) Regulation

(i) Under Section 6, all chemical waste producers must be registered. Production of asbestos waste without registration is an offence. Forms to apply for registration are available from the Solid Waste Control Group of EPD.

(ii) Under Section 8, asbestos waste has to be delivered to a prescribed reception point and asbestos waste producers must assign a licenced waste collector to transport the waste to the disposal facility.

(iii) Under Section 9-19, asbestos waste has to be properly packed and stored before disposal. Contractors may refer to the Code of Practice on the Packing,
Handling, Transport and Disposal of Asbestos Wastes.

(iv) Under Section 20-29, asbestos waste producers must engage a Waste Collector (licenced under Section 21 of the Waste Disposal Ordinance) to remove his asbestos waste. He must also maintain records and particulars of waste movements in the form of trip tickets.

2.3.6 Shipping and Port Control Ordinance

(a) The Ordinance

This Ordinance serves to regulate and control ports and vessels, repairs and breaking up of vessels, cargo handling on vessels, pollution caused by vessels in the waters of Hong Kong, and for other matters affecting vessels, navigation and the safety of vessels at sea.

Under Section 16, the Director of Marine may give directions to vessels in the waters of Hong Kong to control their navigation and movement, to ensure their safety or to prevent the outbreak of fire.

Under Section 20, the Director of Marine may give directions to the owner or master of a vessel on fire, damaged by fire/explosion/collision, disabled or out of control to beach the vessel, remove it from port limits or to take any other actions the Director thinks fit.

Under Section 43, any machinery, equipment or appliance which is in such a condition or is so constructed that it cannot be used without unnecessary risk of accident or bodily injury shall not be used in repairs and breaking up of vessels and in cargo handling on vessels.

Under Section 44, cargo handling on vessels and repairs/breaking up of vessels shall not be carried out in a condition or manner that does not provide adequately against unnecessary risk of accident or bodily injury.

Section 67 requires owners, agents or masters of vessels to report to the Director of Marine collisions, sinkings or strandings, accidents to persons on vessels resulting in death or serious injury, explosion or fire on a vessel, or loss of a person or equipment overboard.
Section 69 requires owners, agents or masters to report fires on vessels to the Director of Fire Services.

(b) **Shipping and Port Control Regulations**

Under Regulation 26, a ship shall have on board at all times such number of crew as is, in the opinion of the Director of Marine, qualified and capable of carrying out all duties which may reasonably be required to ensure the safety of the ship having regard to the circumstances.

Under Regulation 62, no naked light shall be used on board any vessel in the waters of Hong Kong.

Regulation 63 makes it an offence to use a light on a vessel which is likely to interfere with the safe operation of any other vessel.

Under Regulation 70, no person shall commence any construction or reclamation works, dredging, boring, cable laying or any other type of works in the waters of Hong Kong, which interfere or are likely to interfere with the navigation of vessels or with port facilities, without giving the Director of Marine at least 14 days' notice in writing of:

- the nature of the works;
- the date of their commencement;
- the locality in which they will be carried out; and
- the estimated duration of the works.

The person in control of the works shall, during the carrying out of the works, comply with such directions as the Director of Marine may give to ensure the safety of vessels navigating in the vicinity of the works.

(c) **Shipping and Port Control (Cargo Handling) Regulations**

These regulations apply to vessels engaged in cargo handling, including all the lifting appliances and lifting gear on board such vessels.

Regulation 8 states that all workplaces and means of access and any other places on a
vessel to which persons employed may be required to proceed shall be sufficiently lighted.

Regulation 9 states that all confined spaces in a vessel shall be adequately ventilated before any person is permitted to enter, and all practicable measures shall be taken to protect the persons working in such places.

Regulation 13 states that all beams used for hatch coverings, and all hatch coverings without beams to support, shall be fitted with adequate locking devices to prevent their displacement in any circumstances.

Regulation 17 states that no lifting appliance shall be used for hoisting or lowering unless the arrangements for fixing and anchoring the lifting appliance are adequate to secure its safety.

Regulations 20, 21 and 23 require that all lifting appliances shall have been individually tested with a proof load and examined by a competent examiner before being taken into use. Subsequently all derricks and their permanent attachments shall be thoroughly examined by a competent examiner once in every four years and all other lifting appliances shall be thoroughly examined by a competent examiner once at least in every twelve months.

Regulation 23 requires that Certificates of Test and Examination of Lifting Appliances and Lifting Gear shall be attached to the Register of Lifting Appliances and Lifting Gear and the Register is to be available for inspection on board the vessel.

Regulation 25 requires that every crane and derrick shall have the safe working load plainly marked upon it.

Regulation 53 states that the following accidents must be reported to the Director of Marine:

- person is killed or seriously injured in an accident;

- a crane, winch, hoist, derrick or other appliance used in hoisting or lowering cargo collapses or fails (other than breakage of a chain or rope sling); or
- a person, cargo or equipment is lost overboard from a vessel.

(d) **Statutory Forms under the Shipping and Port Control (Cargo Handling) Regulations**

(i) The statutory forms under the Shipping and Port Control (Cargo Handling) Regulations are listed below:

Form 1  Register of Lifting Appliances & Lifting Gear

Form 2  Certificate of Test and Examination of Winches, Derricks and Their Accessory Gear

Form 3  Certificate of Test and Examination - Lifting Appliance and Their Accessory Gear Other Than Derricks

Form 4  Certificate of Test and Examination of Pulley Blocks

Form 5  Certificate of Test and Examination of Lifting Gear

Form 6  Certificate of Test and Examination of Wire Rope

2.3.7 **Builders' Lifts and Tower Working Platforms (Safety) Ordinance**

(a) This Ordinance serves to provide for the design, construction, installation and maintenance in safe working order of builder's lifts and tower working platforms, for the examination and testing of such lifts and platforms, and to provide for related matters.

(b) It requires that the owner of a builder's lift or tower working platform, shall at all times, retain the services of a registered contractor and shall ensure that no lift work is carried out except by or under the supervision of such registered contractor or a registered examiner employed by such registered contractor.

(c) Before a builder's lift or a tower working platform is installed, the written approval of
the Director of Electrical and Mechanical Services (Director) must be obtained and the registered contractor shall notify the Director the location at which it will be installed and of any subsequent major alterations. A registered examiner shall be employed to carry out a test and examination. The builder's lift or tower working platform shall not be used until the owner receives the endorsed original of the certificate of satisfaction from the Director. Thereafter, the registered contractor shall carry out routine maintenance at intervals not exceeding seven days and shall retain a log book recording any repairs, overhaul and routine maintenance that have been carried out.

(d) The owner of a builder's lift or tower working platform shall ensure that it is at all times operated by a competent operator.

(e) The following statutory forms are to be kept on site and available for inspection:

- Form 7 Log Book
- Form 14 Certificate of Test and Examination of Builder's Lift's Lift or Tower Working Platform After Installation
- Form 15 Certificate of Periodic Test and Examination of Safety Equipment of Builder's Lift or Tower Working Platform
- Form 16 Certificate of Test and Examination of Builder's Lift or Tower Working Platform After Major Alteration
- Form 19 Report on Test and Examination of a Builder's Lift or Tower Working Platform after Alteration of Height of Travel

### 2.3.8 Boilers and Pressure Vessels Ordinance (Cap 56: Air Receiver)

This Ordinance and its subsidiary legislation control the use and operation of boilers, steam receivers, pressurised fuel containers and air receivers. Air receivers are often used in construction sites.

(a) The owner of an air receiver shall, at least 30 days before the equipment is put into use,
apply to the Boilers and Pressure Vessels Authority (the Authority) for registration. Documents to be submitted include:

- Application for Registration (Form 3)
- Copies of makers and inspection certificates of the air receivers duly endorsed by an Appointed Examiner.

(b) No air receiver may be operated unless:
- it is registered by the Authority; and
- it has been examined and issued with a Certificate of Fitness; or
- it has been exempted by the Authority from the provisions of the Ordinance.

(c) Appointed Examiners are engineers from the private sectors who are appointed by the Authority under the Pressure Vessels Ordinance Cap 56 as Air Receiver Inspectors, the list can be obtained from the Boilers and Pressure Vessels Division, Labour Department.

(d) After completion of registration, the owner can then apply for examination of the air receiver by an Appointed Examiner. On satisfactory completion of examination a Certificate of Fitness will be issued.

(e) The validity of the Certificate of Fitness is 26 months. After extensive repairs have been carried out on an air receiver, the equipment must be examined by an Appointed Examiner and issued with a Certificate of Fitness before being put back into use.

2.3.9 Gas Safety Ordinance

(a) This Ordinance controls, in the interests of safety, the importation, manufacture, storage, transport, supply and use of gas, and to provide for matters incidental thereto or connected therewith. The Ordinance has been amended in 1996 to incorporate the safety of works to be carried out within the vicinity of the gas pipe.

(b) The Gas Safety (Gas Supply) Regulations

Regulation 23A states that:

(1) No person shall carry out, or permit to carry out, any works in the vicinity of a gas pipe unless he or the persons
carrying out the works has, before commencing the works, taken all reasonable steps to ascertain the location and position of the gas pipe.

(2) A person who carries out, or who permits to be carried out, any works in the vicinity of a gas pipe shall ensure that all reasonable measures are taken to protect the gas pipe from damage arising out of the works that would be likely to prejudice safety.

(c) A code of practice "Avoiding danger from gas pipe", which gives practical guidelines on how to avoid damages was also published by the Electrical and Mechanical Services Department.

2.3.10 OCCUPATIONAL SAFETY AND HEALTH ORDINANCE

The Ordinance

(a) This Ordinance extends the protection of safety and health at work from the industrial sector under the Factories and Industrial Undertakings Ordinance (FIUO), Cap. 59 and its subsidiary regulations to the non-industrial sector. Unlike the FIUO and its subsidiary regulations, it also binds the Government. Civil servants, either in the capacity of (i) persons responsible for a workplace, (ii) the occupiers of a premises where employed persons are working, or (iii) employees, will be affected, but neither the Government nor any public officer in the officer's capacity as such is liable to be prosecuted for an offence against the Ordinance.

(b) It extends occupational safety and health protection to all employees at work except those engaged in land, sea and air transport, maritime operation, domestic services and self-employed persons.

(c) It applies to independent contractors and self-employed persons only in their capacity as employers or as occupiers of premises where workplaces are located.

(d) The particular provisions to note are as follows:
(i) Section 6, under which every employer must, so far as reasonably practicable, ensure the safety and health at work of all the employer's employees. His duty includes, but not limited to, the following:

- provision and maintenance of plant and systems of work;
- arrangements in the use, handling, storage and transport of plant and substances;
- provision of information, instruction, training and supervision;
- provision and maintenance of the workplace and means of access to and egress; and
- provision and maintenance of the working environment.

(ii) Section 7, under which the occupier of the premises must, if an employee's workplace is located on premises that are not under the control of the employee's employer, ensure that

- the premises;
- the means of access to and from the premises; and
- any plant or substances kept at the premises;

are, so far as reasonably practicable, safe and without risks to health.

(iii) Section 8, under which an employee while at work must

- take care of the safety and health of persons (including himself) at the workplace and who may be affected by his acts or omissions at work; and
- co-operate with the employer or other person to enable requirements imposed by law on the employer or other person in the interest of safety or health to be complied with.

(iv) Sections 9 to 12 empower the Commissioner for Labour to issue Improvement Notice and Suspension Notice to the employer or the occupier concerned to take remedial actions or stop immediately any activity at a workplace with an imminent risk of death or serious bodily injury.
Sections 13 and 14 require person responsible for workplace to report accidents and dangerous occurrences at the workplace to the Labour Department.

(e) **The Subsidiary Regulation**

Under the Ordinance, the Occupational Safety and Health Regulation, which came into full operation on 1 June 1998, lays down requirements for specific aspects of safety and health in the workplace and are grouped under seven parts.

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### 2.4 CODES OF PRACTICE

#### 2.4.1 Codes of Practice

The following Codes of Practice have been prepared by the Government of the Hong Kong Special Administrative Region to provide guidance on safe practices to protect the workers:

(a) Code of Practice – Safety and Health at Work with Asbestos (issued by Labour Dept.);

(b) Code of Practice for Safe Use of Mobile Crane and Tower Cranes (issued by Labour Dept.);

(c) Code of Practice – Safety and Health at Work for Industrial Diving (issued by Labour Dept.);

(d) Code of Practice for Safety at Work (Lift and Escalator) (issued by Labour Dept.);

(e) Code of Practice for the Control of Lead at Work (issued by Labour Dept.);

(f) Code of Practice for Protection of Quarry and Construction Workers from Silicosis; (issued by Labour Dept.);

(g) Code of Practice for Scaffolding Safety (issued by Labour Dept.);
(h) Code of Practice for Protection of Tunnel Workers from Silicosis; (issued by Labour Dept.);

(i) Code of Practice for Safe Use and Operation of Suspended Working Platforms (issued by Labour Dept.);

(j) Safety Afloat (A Code of Safe Practice for Operators of Pleasure Vessels and Other Licensed Vessels) (issued by Marine Dept.);

(k) Code of Practice for the Electricity (Wiring) Regulations; (issued by Electrical and Mechanical Services Dept. (EMSD));

(l) Code of Practice on the Design and Construction of Builders' Lifts (issued by EMSD);

(m) Code of Practice on the Design and Construction of Tower Working Platforms (issued by EMSD);

(n) Code of Practice on Avoiding Danger from Gas Pipes (issued by EMSD);

(o) Code of Practice for the Lighting, Signing and Guarding of Road Works (issued by Highways Dept.);

(p) Code of Practice for the Loading of Vehicles (issued by Transport Dept.); and

(q) Code of Practice on the Packing, Handling, Transport and Disposal of Asbestos Wastes; (issued by Environmental Protection Dept.).

2.5 Reference Manual for Inspection Reports

(a) Reference Manual for Inspection Reports on Construction Sites (issued by LD); and

(b) Reference Manual for Inspection Reports on Workplaces (issued by LD).

2.6 Occupational Safety and Health Bookshelf (CD-ROM)

An electronic database jointly produced by the Occupational Safety and Health Council (OSHC) and the Occupational Safety and Health Branch of the Labour Department. It contains safety and health booklets, safety posters, produced by OSHC and Labour Department.
Appendices to Chapter 2

Appendix I - Statutory and Standard Forms for Reporting under the Factories and Industrial Undertakings Ordinance and Subsidiary Regulations.

Appendix II - Offences and Penalties
FORM 1
Factories and Industrial Undertakings Regulations
REGISTER OF PERSONS EMPLOYED TO WORK UNDERGROUND
IN INDUSTRIAL UNDERTAKINGS

1. Name of industrial undertaking: ...........................................................................................................

2. Full name of person employed to work underground:
   .................................................................................................................................
   .................................................................................................................................

3. Residential address: ..........................................................................................................................
   .................................................................................................................................

4. Identity Card No.: ...........................................................................................................................

5. Date of birth: ...................................................................................................................................

6. Date on which worker first commenced to work underground in the undertaking: ............................
   ........................................................................................................................................
   ........................................................................................................................................

7. Dates of medical examinations undergone by worker in accordance with regulation 16C(3):
   (a) .................................................................................................................................
   (b) .................................................................................................................................
   (c) .................................................................................................................................

(Full face photograph of worker)
Form 2
Factories and Industrial Undertakings Regulations
MEDICAL EXAMINATION REPORT

Part I. (To be completed in duplicate by the proprietor of the industrial undertaking)

To: .................................................................................................................................

(name of medical practitioner by whom examination is to be carried out)

1. I, .................................................................................................................................

(full name of proprietor)

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

(residential address of proprietor)

The proprietor of ........................................................................................................

(name of industrial undertaking)

Situated at ...................................................................................................................

(address of industrial undertaking)

Request you to examine ............................................................................................

(full name of Employee/proposed Employee *)

In accordance with regulation 16C(3) of the Factories and Industrial Undertakings Regulations.

2. This employee/proposed Employee* is will be* employed to work underground as a ............

(specify nature of Employee’s/proposed Employee’s occupation)

And first commenced/will commence* such work on ..................................................

(specify date or proposed date)

Date: .................................................................

Signature of proprietor: .................................................................................................
Appendix III (cont.)

Part II. (to be completed in duplicate by the Employee or proposed Employee).

A. Full Name of Employee/proposed Employee* ……………………………………………………

Date of Birth ……………………………………………………

Residential Address…………………………………………………

……………………………………………………………………

B. History of Past Illnesses.

(a) Is there a history of pulmonary tuberculosis? …………

. If so give details………………………………………………

……………………………………………………………………

(b) Is there a history of other chronic respiratory disease?…………………...

……………………………………………………………………

(c) Is there a history of heart disease, diabetes mellitus or any other serious or prolonged disease?

……………………………………………………………………

(Full face photograph of worker)

C. Present Complaints (if any).

……………………………………………………………………

I declare that to the best of my knowledge the answers given above are accurate.

Date: ……………………………………………

Signature of Employee/proposed Employee*: …………………………………………………...
Appendix III (cont.)

Part III: (To be completed in duplicate by examining medical practitioner).

A. General Nutrition.................................................................
   Weight ……………………kg Height ……………………ins.
   Eyes: Visual acuity R. …………………… L. …………………… Ears ……………………
   Cardiovascular System Pulse rate …………………… B. P. ……………………
   …………………………………………………………………………………………………
   …………………………………………………………………………………………………
   Abdomen …………………………………………………………………………………
   Hernias …………………………………………………………………………………
   Genito-urinary System …………………………………………………………………
   Urine …………………… Sp. G …………………… Alb. …………………… Sugar …………………
   Skeletal System ………………………………………………………………………
   Upper limbs ………………………………………………………………………
   Lower limbs ………………………………………………………………………
   Nervous System ………………………………………………………………………

B. Chest X-ray Examination (date…………………………)
   Dr. …………………………………………………………………………………… reports as
   (Medical practitioner by whom X-ray examination is made)
   Follows: ……………………………………………………………………………
   ……………………………………………………………………………

C. I have examined the above named ……………………………………………(full name)
   In accordance with this report, and consider that he is fit/unfit* to work underground in an
   industrial undertaking to which Part IIA of the Factories and Industrial Undertakings regulations
   applies.
   Date: ………………………
   Signature of Examining Medical Practitioner: ………………………………………
   Name of Examining Medical Practitioner: ………………………………………(block capitals)
   Address: …………………………………………………………………………………
   …………………………………………………………………………………
   Telephone Number: ……………………………………………

Notes: (a) One copy of this completed form should be sent by the examining medical practitioner under confidential cover to the senior
   occupational health officer, Occupational Health Division, Labour Department. The other copy is to be retained by the examining
   medical practitioner.
(b) *Delete whichever is inapplicable.
FORM 3

FACTORIES AND INDUSTRIAL UNDERTAKINGS REGULATIONS

CERTIFICATE AS TO FITNESS OF EMPLOYEE/PROPOSED EMPLOYEE*

To: ..................................................................................................................

(address of industrial undertaking)

I hereby certify that Mr. ...........................................................................

(full name)

of ..............................................................................................................

(residential address)

has been examined medically in accordance with regulation 16C(3) of the Factories and Industrial Undertakings Regulations and is fit/unfit* to work underground in an industrial undertaking to which Part II A of the regulations applies.

Date of issue: .............................................................................................

Signed: .....................................................................................................

(senior occupational health officer)

Note: * Delete whichever is inapplicable.
DANGEROUS OCCURRENCE REPORT FORM

呈報危險事故表格

To : The Commissioner for Labour, Hong Kong
致：香港勞工處處長

In accordance with Regulation 18 of the Factories and Industrial Undertakings Regulations, details of a dangerous occurrence are submitted below :-

現根據工廠及工業經營規例第十八條，謹向貴處呈報以下之危險事故：-

<table>
<thead>
<tr>
<th>Name and address of Industrial Undertaking</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>工業經營的名稱及地址</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time of the Dangerous Occurrence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>危險事故發生的日期及時間</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of the Dangerous Occurrence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>危險事故的性質</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Circumstances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>事故發生的現場情況</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structural/Plant Damage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>樓宇、機器或設備受損壞的程度</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Casualties *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>有沒有人受傷</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extent of Work Suspended</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>工作停止程度</td>
<td></td>
</tr>
</tbody>
</table>

* In case of injury, the accident reporting form (Form II) must be followed within seven days.

如有工人受傷，必須於危險事故發生後七天內以表格第二款向勞工處呈報。

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>簽署</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Position</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>職位</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>日期</td>
<td></td>
</tr>
</tbody>
</table>

(CHOP OF COMPANY)

(公司蓋印)

Note : This form must be sent to the Commissioner for Labour within 24 hours of a Dangerous Occurrence.

註：此表格必須於危險事故發生後二十四小時內向勞工處職業安全主任呈報。

OS-F-DO
勞工處職業安全及健康部

收集個人資料之目的

(意外、危険事故的報告及提供聲明)

收集目的
1. 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途:
   (a) 有關執行工廠及工業經營條例、職業安全及健康條例及其他由勞工處執行的法例；
   (b) 有關職業安全主任調查意外和危険事故；及
   (c) 有關視察違例事項和進行法律聆訊。

資料轉移
2. 爲了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人仕或機構(如政府部門、律師樓等)透露。

查閱個人資料
3. 根據個人資料(私隱)條例第18及22條及附表1保障原則第6原則的規定，你有權要求查閱及更正個人資料，要求查閱的權利包括要求獲得一份你所提供的個人資料副本。

查詢個人資料
4. 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人士提出:
   勞工處職業安全及健康部
   職業安全 - 行動科
   分區職業安全主任(總部)
   香港中環統一碼頭道三十八號
   海港政府大樓十三樓
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

(Reporting Accident or Dangerous Occurrence and Giving Declaration)

Purpose of Collection

1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:

   (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;

   (b) activities relating to the investigation of accidents and dangerous occurrence by Occupational Safety Officer; and

   (c) activities relating to checking compliance with legislative requirements and carrying on legal proceedings.

Classes of Transferees

2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries

4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

Divisional Occupational Safety Officer (HQ)
Occupational Safety - Operations Division
Occupational Safety and Health Branch
Labour Department
13/F, Harbour Building,
38 Pier Road, Central, Hong Kong
**FORM OF NOTICE**

**FACTORIES AND INDUSTRIAL UNDERTAKINGS (NOTIFICATION OF OCCUPATIONAL DISEASES) REGULATIONS**

To: Director of Health  
Notice is hereby given of the following occupational disease-  

confirmed/suspected*  

Possible cause-  

Date contracted/of recurrence*  

Name of patient/deceased*  

Sex- Age-  

Home address-  

Employed as-  

FOR OFFICIAL USE ONLY  
Case No.:  
Ref. No.:  
Action taken:-

Name, address and trade or industry of employer-  

Hospital sent to (if any)-  

Name and address of notifying medical practitioner-  

Date-  

Signature of notifying medical practitioner  

* Delete whichever is in applicable.
### REPORTS OF RESULTS OF WEEKLY INSPECTIONS OF HOISTS

Form approved by the Commissioner for Labour for the purposes of regulations 5 of the Construction Sites (Safety) Regulations

<table>
<thead>
<tr>
<th>吊重機的類別及識別編號及說明</th>
<th>檢查日期</th>
<th>檢查結果</th>
<th>檢查者簽署及職稱</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of hoist and identification number and description</td>
<td>Date of inspection</td>
<td>State whether in safe working order</td>
<td>Signature and designation of person who made the inspection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

任何合資格檢驗員或合格的人，向承建商交付他明知有任何虛假誹謗的證明書或報告，即屬犯罪：一經定罪，可處罰款二十萬元及監禁十二個月。Any competent examiner or competent person who delivers to a contractor a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.
### CERTIFICATE OF TEST AND THOROUGH EXAMINATION OF HOIST

*Form approved by the Commissioner for Labour for the purposes of regulation 35(1) of the Construction Sites (Safety) Regulations*

<table>
<thead>
<tr>
<th>負責吊重機的承建商姓名</th>
<th>Name of contractor responsible for hoist</th>
</tr>
</thead>
<tbody>
<tr>
<td>建築地盤地址</td>
<td>Address of Site</td>
</tr>
</tbody>
</table>

1. **(a)** 吊重機的類別及識別編號及說明。
   Type of hoist and identification number and description.

   **(b)** 運造日期（如能確定者），如適用時並填写前次運行重大更換或重大修理的日期。
   Date of construction (if ascertainable) and, where applicable, date of last substantial alteration or substantial repair.

2. 設計及建造：
   Are all parts of the hoist of good mechanical construction, sound material, and adequate strength (so far as ascertainable)?

   **Note:** Details of any renewals or alterations required should be given in 3 and 6 below.
(a) Enclosure of hoistway.

(b) Landing gates and cage gate(s).

(c) Interlocks on the landing gates and cage gate(s).

(d) Other gate fastenings.

(e) Cage or platform and fittings, cage guides, buffers, interior of the hoistway.

(f) Over-running devices.

(g) Suspension ropes or chains, and their attachments.

(h) Safety gear, i.e. arrangements for preventing fall of platform or cage.

(i) Brakes.

(j) Worm or spur gearing.

(k) Other electrical equipment.

(l) Other parts.
4. 是否有任何無法接觸的部份？
   What parts (if any) were inaccessible?

5. 為使該吊重機供使用或繼續安全使用而必須進行的修理、更換或更改工程：
   Repairs, renewals, or alterations required to enable the hoist to be used or to continue to be used with safety -
   (a) 立即：
       immediately;
   (b) 在指定時間內（須列明時間）：
       within a specified time, the time is to be stated.
   修理必須進行任何修理、更換或更改工程時，
   If no such repairs, renewals or alterations are required enter 'NONE'.

6. 列舉應予注意的毛病（前在第 5 段列明者除外）。
   Specify defects (other than those specified at 5 above) which require attention.

7. 無發現任何須予注意的毛病及必須進行任何修理、更換或更改工程者，則聲明該吊重機處於安全操作狀況。
   If no defects requiring attention are found and no repairs, renewals, or alterations are required, state that the hoist is in safe working condition.

8. 如需依第 5 段進行修理、更換或更改工程者，則於該工程完成後須隐瞒安全操作。
   Maximum safe working load subject to repairs, renewals, or alterations (if any) specified at 5.
9. Other observations.

I certify that on .......................................................... I tested and thoroughly examined this hoist
and that the foregoing is a correct report of the result.

Signature of Registered Professional Engineer ..........................................................

Qualification ..........................................................

Discipline ..........................................................

Name and address of person, company, or association by whom the person conducting the test and examination is employed.

Date of certificate ..........................................................

Any competent examiner or competent person who delivers to a contractor a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.
### 表格三

**FORM 3**

**建築地盤(安全)規例**

**吊重機**

每六個月一次的徹底檢驗結果報告

本表格乃由勞工處處長為施行建築地盤(安全)規例第35(3)條而認可

**Construction Sites (Safety) Regulations**

**HOISTS**

**REPORTS OF RESULTS OF SIX-MONTHLY THOROUGH EXAMINATIONS**

*Form approved by the Commissioner for Labour for the purposes of regulation 35(3) of the Construction Sites (Safety) Regulations*

<table>
<thead>
<tr>
<th>吊重機的說明</th>
<th>兩次徹底檢驗日期</th>
<th>深入徹底檢驗結果</th>
<th>執行或負責</th>
<th>檢驗日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of hoist</td>
<td>Date of last previous thorough examination</td>
<td>Result of thorough examination</td>
<td>Signature of person making or responsible for examination</td>
<td>Date of examination</td>
</tr>
<tr>
<td>e.g. type, identification mark, capacity</td>
<td></td>
<td>Enter details of repairs required or defects. If none enter 'In safe working condition'.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

任何合資格檢驗員或合資格的人，如向受僱者交付任何操虛假的證明書或報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。

*Any competent examiner or competent person who delivers to a contractor a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.*

CSSR. F3
### EXCAVATIONS AND EARTHWORKS

#### REPORTS OF RESULTS OF WEEKLY EXAMINATIONS

*Form approved by the Commissioner for Labour for the purposes of regulation 39(2) of the Construction Sites (Safety) Regulations*

<table>
<thead>
<tr>
<th>Description or Location</th>
<th>Date of Examination</th>
<th>Result of Examination</th>
<th>Signature and Designation of Person who Made the Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

任何合資格檢驗員或合資格的人，如向承建商交付他明知有任何不屬屬實際的證明書或報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。

Any competent examiner or competent person who delivers to a contractor a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.
<table>
<thead>
<tr>
<th>Description or location</th>
<th>Date of inspection</th>
<th>Result of inspection</th>
<th>Signature and designation of person who made the inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Any competent examiner or competent person who delivers to a contractor a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

CSSR-F5
Construction Sites (Safety) Regulations
Regulation 56(1)
NOTIFICATION OF CONSTRUCTION WORK
建築地盤（安全）規例56(1)條
建築工程呈報書

(To be completed and returned to the Labour Department within 7 days after the commencement of work)
(本呈報書須於工程開始後七日內交回勞工處)

To: The Commissioner for Labour,
    Hong Kong.
致：香港勞工處處長

<table>
<thead>
<tr>
<th>Name of contractor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>承建商姓名</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of contractor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>承建商地址</td>
<td></td>
</tr>
</tbody>
</table>

If the contractor is a firm, the name under which it carries on business and the name and address of every partner in the firm
如承建商為一間商號，請填寫其經營業務所用之名稱及其每一股東之姓名地址

<table>
<thead>
<tr>
<th>The name and address of every subcontractor employed on the work</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>愛業進行该项工程之每名二承建商之姓名地址</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The location of the construction site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>建築地盤之地點</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The nature of the work</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>工程性質</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The date upon which the work was commenced</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>開工日期</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The expected duration of the work</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>預料工程所需時間</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>Number</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Passenger hoist</td>
<td></td>
</tr>
<tr>
<td>(Builders' lift)</td>
<td></td>
</tr>
<tr>
<td>載人吊重機</td>
<td></td>
</tr>
<tr>
<td>(建築工地升降機)</td>
<td></td>
</tr>
<tr>
<td>Material hoist</td>
<td></td>
</tr>
<tr>
<td>物料吊重機</td>
<td></td>
</tr>
<tr>
<td>Gantry crane</td>
<td></td>
</tr>
<tr>
<td>龍門式起重機</td>
<td></td>
</tr>
<tr>
<td>Mobile crane</td>
<td></td>
</tr>
<tr>
<td>流動式起重機</td>
<td></td>
</tr>
<tr>
<td>Tower crane</td>
<td></td>
</tr>
<tr>
<td>塔式起重機</td>
<td></td>
</tr>
<tr>
<td>Pile driver</td>
<td></td>
</tr>
<tr>
<td>打樁機</td>
<td></td>
</tr>
<tr>
<td>Loader</td>
<td></td>
</tr>
<tr>
<td>輪土機</td>
<td></td>
</tr>
<tr>
<td>Bulldozer</td>
<td></td>
</tr>
<tr>
<td>推土機</td>
<td></td>
</tr>
<tr>
<td>Excavator</td>
<td></td>
</tr>
<tr>
<td>挖土機</td>
<td></td>
</tr>
<tr>
<td>Dumper</td>
<td></td>
</tr>
<tr>
<td>倒泥卡車</td>
<td></td>
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<tr>
<td>Others</td>
<td></td>
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<tr>
<td>其它</td>
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</tbody>
</table>

Signature: ........................................
簽署: ..................................................................

Position: ..................................................
職位: ..................................................................

Date: .....................................................
日期: ..................................................................
表格使用者指南

有關建築地盤（安全）規例內建築工程的呈報

I. 建築工程的動工
根據建築地盤（安全）規例第56條的規定，承建商在建築工程開始後7日內，須將下列事項以書面通知勞工處處長：
(a) 承建商的姓名及地址（如承建商為一間商號，則提供該商號營業所用的名稱，以及該商號內每一股東的姓名及地址）；
(b) 所有該地盤工程承建商判工的姓名及地址；
(c) 建築地盤的地址；
(d) 建築工程的性質；
(e) 建築工程動工的日期；
(f) 該項工程現有或將會使用的機械，若有使用，則須說明機械類別；及
(g) 建築工程預計所需時間。

II. 呈報變更情形
根據建築地盤（安全）規例第58條的規定，如承建商發覺以前呈報的資料有所變更時，須於7日內將變更情況呈報勞工處處長。

III. 呈報完工日期
根據建築地盤（安全）規例第59條的規定，承建商須於建築工程完成後7日內，以書面呈報勞工處處長。

何謂建築工程？
“建築工程”指一
(a) 建造、架設、安裝、重建、修葺、維修（包括重新修飾及外圍清理）、翻新、遷移、改動、改善、拆除或損毀根據工廠及工業經營條例附表3所指明的任何構築物或工程；
(b) 為預備或進行(a)段所提及的工程行動而涉及的任何工程，包括鋪築地基和鋪築地基前的挖掘泥土及砂石工程；
(c) 為進行(a)或(b)段所提及的任何工程行動而使用機械、工業裝置、工具、裝置及物料。

交回表格地點
填妥申請表格後，可
(甲) 郵寄或交回香港中環統一碼頭道三十八號海港政府大樓十三樓勞工處職業安全及
健康部或各分區辦事處；或
(乙) 電子傳達至勞工處所設的電子郵件地址ldrgadmin@labour.gcn.gov.hk

有關資料
若要查詢有關職業安全及健康的事宜，請以下列方式聯絡本處職業安全及健康部：

電話 : 2559 2297 (非正常辦公時間自動錄音)
電子傳真 : 2915 1410
電子郵件 : ldrgadmin@labour.gcn.gov.hk

亦可查詢勞工處的互聯網頁內有關本處的服務資料，網址是www.info.gov.hk/labour。
Guide to Form Users

Notification of construction work under the Construction Sites (Safety) Regulations

I. Commencement of Works
A contractor who undertakes construction work shall, in accordance with Regulation 56, furnish in writing to the Commissioner for Labour the following information within seven days after the commencement of the work:
(a) the contractor's name and address; (if the contractor is a firm, the name under which it carries on business and the name and address of every partner in the firm.)
(b) the name and address of every subcontractor employed on the work;
(c) the location of the construction work;
(d) the nature of the work;
(e) the date upon which the work was commenced;
(f) whether any mechanical power is being or will be used and, if so, its nature; and
(g) the expected duration of the work.

II. Notification of Change
The contractor shall, in accordance with Regulation 58, notify the Commissioner for Labour in writing within seven days of any change in the information he has furnished.

III. Notification of Completion
The contractor shall, in accordance with Regulation 59, notify the Commissioner for Labour in writing within seven days of the completion of the construction work.

What is construction work?
'construction work' means-
(a) the construction, erection, installation, reconstruction, repair, maintenance (including redecoration and external cleaning), renewal, removal, alteration, improvement, dismantling, or demolition of any structure or works specified in the Third Schedule of the Factories and Industrial Undertakings Ordinance;
(b) any work involved in preparing for any operation referred to in paragraph (a), including the laying of foundations and the excavation of earth and rock prior to the laying of foundations;
(c) the use of machinery, plant, tools, gear, and materials in connection with any operation referred to in paragraph (a) or (b).

Place of Submission
You can submit the notification form either:
(a) by post or in person to Occupational Safety and Health Branch of Labour Department at 13/F., Harbour Building, 38 Pier Road, Central, Hong Kong or any branch offices; or
(b) by electronic transmission to the e-mail address of Labour Department at ldrgadmnt@labour.gov.hk

Useful Information
If you require advice on occupational safety and health matters, please contact the Occupational Safety and Health Branch of the Labour Department through:

Telephone: 2559 2297 (auto-recording after office hours)
Fax: 2915 1410
E-mail: ldrgadmnt@labour.gov.hk

Information on the services offered by the Labour Department is also available in our Home Page in the internet at www.info.gov.hk/labour.
勞工處職業安全及健康部

收集個人資料之目的

（建築工程的呈報）

收集目的
1. 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途：
   (a) 有關執行工廠及工業經營條例、職業安全及健康條例及其他由勞工處執行的法例；
   (b) 有關職業病事項和進行法律聆訊，或
   (c) 將有關資料用作研究及統計分析。

資料轉移
2. 為了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人仕或機構（如政府部門，律師樓，等，）透露。

查詢個人資料
3. 根據個人資料(私隱)條例第18及22條及附表1保障原則第6原則的規定，你有權要求查詢及更正個人資料。要求查詢的權利包括要求獲得一份你所提供的個人資料複本。

查詢個人資料
4. 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人仕提出：
   勞工處職業安全及健康部
   職業安全 - 行動科
   分區職業安全主任(總部)
   香港中環統一碼頭道三十八號
   海港政府大樓十三樓
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT
(Notifications of Construction Work)

Purpose of Collection
1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:

(a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
(b) activities relating to checking compliance of legislative requirements and carrying on legal proceeding; and
(c) carrying on research and compilation of statistical data.

Classes of Transferees
2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data
3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule I of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries
4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

Divisional Occupational Safety Officer (HQ)
Occupational Safety - Operations Division
Occupational Safety and Health Branch
Labour Department
13/F., Harbour Building,
38 Pier Road, Central, Hong Kong
FORM 1
FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS
LOCK ATTENDANT'S REGISTER

Contractor ........................................................................................................................................

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

Construction Site ...........................................................................................................................

Wet bulb temperature ......................................................................................................................

Name of lock attendant ...................................................................................................................

Record all times as a.m. or p.m.

<table>
<thead>
<tr>
<th>Name of Worker</th>
<th>Work number or occupation</th>
<th>Compression</th>
<th>Decompression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Time of entry into working chamber</td>
<td>Working pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The times recorded on this Form must be taken from the clock provided for the use of the man-lock attendant in accordance with regulation 8.
<table>
<thead>
<tr>
<th>工作人員姓名</th>
<th>工作號碼及職業</th>
<th>加壓</th>
<th>減壓</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>進人氣壓施工時間</td>
<td>施工氣壓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

注意：本表格所記錄的時間，須為按照第 8 條設置的供員工氣壓調節室管理員使用的時鐘所顯示的時間。
FORM 2

FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS

COMPRESSED AIR WORKER'S TRANSFER RECORD

This record is to be retained by the person to whom it is issued. Entries are to be made by the lock attendant who will also make the necessary entries in the lock attendant's register (Form 1).

Name of Worker: ...............................................................

<table>
<thead>
<tr>
<th>Date</th>
<th>Lock No. or description</th>
<th>Pressure</th>
<th>Time of entering working chamber</th>
<th>Time of leaving working chamber</th>
<th>Time in working chamber</th>
<th>Total decompression time in minutes</th>
<th>Lock Attendant's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>
表格 2
工廠及工業經營（在壓縮空氣中工作）規例
壓縮空氣工作人員進出紀錄

本紀錄須由獲發給紀錄的工作人員保留。紀錄各欄須由氣壓調節室管理員填寫，該管理員並須將所需各項資料填寫在氣壓調節室管理員登記冊（表格 1）上。

工作人員姓名：

<table>
<thead>
<tr>
<th>日期</th>
<th>氣壓調節室編號或名稱</th>
<th>氣壓</th>
<th>進入氧壓施工室時間</th>
<th>離開氧壓施工室時間</th>
<th>停留在氧壓施工室時間</th>
<th>減壓總時間以分鐘計</th>
<th>氣壓調節室管理員簽署</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>
COMPRESSED AIR WORKER’S MEDICAL CARD

CONFIDENTIAL

Contract: ........................................... Date: ........................................................

Full name of worker: ................................ Date of birth: ...........................................

Permanent address:  ........................................................................................................

Employment (this contract): ..................... Recent occupation: active/sedentary

Previous compressed air experience

<table>
<thead>
<tr>
<th>Contract</th>
<th>Dates</th>
<th>How long?</th>
<th>Max. pressure</th>
<th>Any bends?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Previous X-ray examinations

<table>
<thead>
<tr>
<th>Contract</th>
<th>Chest/joints</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical history

Ever declared unfit for employment in compressed air?  Yes/No

Operations ....................................................................................................................

Injuries ......................................................................................................................

Bronchitis Yes/No  Asthma Yes/No  Hay fever Yes/No

Sinusitis Yes/No  Diabetes Yes/No  Fits Yes/No

Ear trouble Yes/No  Hernia Yes/No

Signature ....................................................................................................................
Medical examination

Height: .................................. Weight: ..............................


Joints: ............................... Urine: .......................... Eustachian tubes patent:  Yes/No

Test in lock:  Yes/No  Fit for employment in compressed air:  Yes/No

Any reservations? ........................................................................................................

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

Doctor's signature: ........................................................................................................

Add any further notes: ....................................................................................................
工廠及工業經營(在壓縮空氣中工作)規例

壓縮空氣工作人員身體檢查表

機 密

合約名稱：................................................. 日期：.................................................

工作人員全名：........................................... 出生日期：...........................................

永久地址：...........................................................................................................

受僱職位(在本合約內)：.................................. 最近職業性質：多耗體力／坐着工作

以前在壓縮空氣中工作的經驗

<table>
<thead>
<tr>
<th>合約名稱</th>
<th>日期</th>
<th>工作所歷時間</th>
<th>最高氣壓</th>
<th>是否有併發症？</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>是／否</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>是／否</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>是／否</td>
</tr>
</tbody>
</table>

以前的X光檢查

<table>
<thead>
<tr>
<th>合約名稱</th>
<th>胸／關節</th>
<th>日期</th>
<th>結果</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

病 歷

曾否被認定體格不適合受僱於壓縮空氣中工作？ 是／否

手 術 ......................................................................................................................

受 傷...........................................................................................................................

支氣管炎 有／無    哮 喘 有／無    枯草熱 有／無

鼻竇炎 有／無    糖尿病 有／無    驚 厥 有／無

耳 疾 有／無    痴 氣 有／無

簽 署 ......................................................................................................................
身 體 檢 查

高度： ..........................  重量： ..........................

肺： ..........................  心： ..........................  血壓： ..........................  耳： ..........................

關節： ..........................  尿： ..........................  歐氏管是否暢通： .......................... 是／否

曾否受氧壓測試：是／否  體格是否適合受僱於壓縮空氣中工作：是／否

是否有任何保留條件？  ..........................................................................................................................  

醫生簽署：  ..............................................................................................................................................  

註明任何附加按語：  ..................................................................................................................................  
FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS

COMPRESSED AIR WORKER'S DECOMPRESSION SICKNESS CASE SHEET

Contract: ........................................ Date: ........................................

Full name of worker: ........................................ Identification: ........................................

Occupation: ........................................ Activity: Manual/Supervisory/Sedentary

Maximum working pressure: ........................................ Decanted: Yes/No

If multiple exposures—how many? ........................................

Total exposure time: ........................................

Was decompressed according to tables? Yes/No

Man-lock temp.: ...................... max. ...................... min. Man-lock CO₂ ..............................

Shift: Day ...................... Back ...................... Night ..............................

Shift if new starter: 1st, 2nd, 3rd, 4th, 5th

Shift if after absence of 7 days: 1st, 2nd, 3rd, 4th, 5th

‘Cold’ infection: head or chest Yes/No

Type I (bends)

Site of pain: ............... Localized: Yes/No Spreading: Yes/No

How soon after decompression: ...................... Time decompression finished: ......................

Any injury to affected part: Yes/No Excessive use of limbs: Yes/No

Any symptom other than pain: ........................................
Type 2

Signs and symptoms: ........................................................................................................

Circulatory: Yes/No  Respiratory: Yes/No  Visual: Yes/No

Neurological: Yes/No  Skin mottling: Yes/No  Skin irritation: Yes/No

Vomiting: Yes/No

Treatment

Time commenced: ..............................................  Time completed: ..............................................

Pressure of relief: ..............................................  Highest pressure used: ..............................................

Method of decompression: ......................................  Number of recompressions: ......................................

Residual symptoms: ........................................................................................................

Fit for employment in compressed air again: Yes/No (if in doubt, refer to the appointed medical practitioner)

Evidence of recurrence after leaving medical centre: Yes/No
表格 4

工廠及工業經營 (在壓縮空氣中工作) 規例

壓縮空氣工作人員減壓病個案表

合約名稱： ................................................................. 日期： .................................................................

工作人員全名： ........................................................ 身分證明： ...........................................................

職業： ................................................................. 活動程度：體力勞動／監督性質／坐着工作

最 高 施 工 氣 壓： ........................................... 是否經覆壓減壓？ 是／否

如多次進入氣壓施工室，進入次數共計： ............................................................

時 間 合 計： .....................................................

是否已按照減壓表減壓？ 是／否

員工氣壓調節室溫度：最高 ......  最低 ......  員工氣壓調節室所含二氧化碳 .........................

所值班次：早班 ................................ 中班 ................................. 夜班 .................................

如屬新人，其所值班次為：第 1 班、第 2 班、第 3 班、第 4 班、第 5 班

如在休假 7 天後再復工，其所值班次為：第 1 班、第 2 班、第 3 班、第 4 班、第 5 班

是否患有‘傷風’而引致頭部或胸部不適？ 是／否

第 1 類 (侷侷)

疼痛所在： ..................... 局部： 是／否  擴散： 是／否

減壓後多久： ..................... 完成減壓時間： .......................

曾否傷及患處： 是／否  是否過度使用四肢： 是／否

除疼痛外，是否尚有其他病狀： .................................................................

.................................................................
第2類

病徵及病狀：

屬循環系統： 是／否  屬呼吸系統： 是／否  屬視覺： 是／否

屬神經系統： 是／否  皮膚起班點： 是／否  皮膚痕癢： 是／否

嘔吐： 是／否

治療

開始時間： 完成時間：

病狀消除時所用氣壓： 所用的最高氣壓：

減壓方法： 覆壓次數：

尚存病狀：

體格是否適合再受僱於壓縮空氣中工作： 是／否 (如有存疑，可諮詢指定醫學)

在離開醫療中心後，是否有復發跡象： 是／否
COMPRESSED AIR WORKER’S INDIVIDUAL AIR RECORD

Contract: .................................................................................................................................

Name of worker: ................................................. Date of birth: ............................................

Identification: ..................................................

Occupation: .................................................. Shift worker: Yes/No ...........................................

Total days employed in compressed air: .................................................................

<table>
<thead>
<tr>
<th>Date</th>
<th>Length of each shift</th>
<th>Maximum pressure</th>
<th>Decanting time (if applicable)</th>
<th>Shift</th>
<th>Bends</th>
<th>Symptoms not treated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>*WP to WP</td>
<td>†D</td>
<td>B</td>
<td>N</td>
</tr>
</tbody>
</table>

* WP = working pressure
† D  = Day
B    = Back
N    = Night
工廠及工業經營 (在壓縮空氣中工作) 規例

壓縮空氣工作人員的個人工作紀錄

合約名稱：

工作人員姓名： 工作人員姓名： 出生日期：

身分證明：

職業： 輪班工作人員： 是／否

受僱於壓縮空氣中工作的總天數：

<table>
<thead>
<tr>
<th>日期</th>
<th>每班工作時間</th>
<th>最高氣壓</th>
<th>覆壓減壓時間（如適用者）</th>
<th>所值班次</th>
<th>傷慣</th>
<th>未予治療的病狀</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>由施工氣壓至施工氣壓</td>
<td>早班</td>
<td>中班</td>
<td>夜班</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM 6

FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS

COMPRESSED AIR HEALTH REGISTER

PART I

(Person to whom this register relates)

(To be filled in by the employer)

Name: ......................................................

Address: ..................................................

Date of birth: ...........................................

Name, address and telephone number of the appointed medical practitioners:

1. ..................................................................................................................

2. ..................................................................................................................

3. ..................................................................................................................

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

PART II

Certificate of examination of the person named in Part I of this register as to his fitness for employment in compressed air

(To be filled in by the appointed medical practitioners)

<table>
<thead>
<tr>
<th>Date of examination</th>
<th>Name of employer and construction site address</th>
<th>Result of examination and any conditions affecting employment in compressed air</th>
<th>Signature of the appointed medical practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>
表格 6

工廠及工業經營(在壓縮空氣中工作)規例

壓縮空氣工作人員健康登記冊

第 I 部

本登記冊所關乎的人

(由僱主填寫)

姓名：

地址：

出生日期：

指定醫生姓名、地址及電話號碼：

1. 

2. 

3. 

第 II 部

本登記冊第 I 部所登記的人體格是否適合受僱於
壓縮空氣中工作的檢查證明書

(由指定醫生填寫)

<table>
<thead>
<tr>
<th>檢查日期</th>
<th>僱主姓名或名稱及建築地盤地址</th>
<th>檢查結果及任何影響其受僱於壓縮空氣中工作的情況</th>
<th>指定醫生簽署</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
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</tbody>
</table>
FORM 7

FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS

NOTIFICATION OF COMMENCEMENT OF WORK IN COMPRESSED AIR

(To be completed and sent before commencement of construction work in compressed air)

To:* Factory Inspector, Labour Department, Hong Kong

* The Senior Occupational Health Officer, Labour Department, Hong Kong

† The .............................................. Police Station ..............................................................

† The .............................................. Fire Station ..............................................................

Name of contractor

Address of contractor

If the contractor is a company or firm, the name under which it carries on business

The location and telephone number of the construction site where construction work in compressed air will be carried out

The date on which the work will commence and likely duration of the work

Number of persons to be employed in compressed air

(Chop of company or firm)

Signature ..............................................................

Position ..............................................................

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

* delete where necessary

† name of police or fire services station nearest to the construction site
表格7

工廠及工業經營 (在壓縮空氣中工作) 規例

在壓縮空氣中展開工程的呈報

（本表格須於在壓縮空氣中展開建築工程前填妥送交）

致：* 香港勞工處工廠督察

* 香港勞工處職業健康科主任醫生

† ........................................................................ 警署 .................................................................

† ........................................................................ 消防局 .................................................................

<table>
<thead>
<tr>
<th>承建商姓名或名稱</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>承建商地址</td>
<td></td>
</tr>
<tr>
<td>如承建商為公司或商號，則填寫營業所用名稱</td>
<td></td>
</tr>
<tr>
<td>在壓縮空氣中進行建築工程的建築地盤的地點及電話號碼</td>
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<tr>
<td>展開工程日期及該工程的適當可能持續期</td>
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</tr>
<tr>
<td>受僱於壓縮空氣中工作的人數</td>
<td></td>
</tr>
</tbody>
</table>

(公司或商號蓋章)

簽署 ........................................................................

職位 ........................................................................

日期 ........................................................................

* 剪去不適用者
† 最接近建築地盤的警署或消防局的名稱
FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS
(Regulation 32)

ADVISORY LEAFLET FOR ISSUE TO PERSONS WHO WORK IN OR ENTER COMPRESSED AIR

*Read these rules carefully make sure you understand them for your own sake — follow them*

Persons who work in or enter compressed air sometimes get pains in their joints soon after leaving the working chamber. These pains are called “the bends”, “caisson sickness”, or just “pains”. They may occur in muscles and other parts of the body. They can almost always be avoided. Pain is sometimes felt in the ears or head during compression. This too can be avoided.

Very rarely a more serious kind of “bends” may occur and a person may even “pass out” suddenly. Immediate recompression is necessary. This is why it is so important that you always wear the label you have been given in case you get the “bends” when you are away from the construction site.

A certain number of persons who work in or enter compressed air develop, after a time, small areas of damage in some of their bones. If these affect the hip or shoulder joints arthritis may follow. Failure to obey these rules will increase the risk of bone damage.

---

YOU MUST NOT WORK IN OR ENTER COMPRESSED AIR UNTIL YOU HAVE BEEN PASSED AS FIT BY THE DOCTOR

Do not go to work in or enter compressed air if you have a cold in the head, chest infection, sore throat or earache. If you have any of these complaints, you must report to the supervisor in charge of the compressed air operations at the construction site. If you have been off sick through any illness or injury for more than 3 days, you must be re-examined by the appointed medical practitioner before you go back into compressed air.

You must be passed medically fit before you start work in or enter compressed air. If the working pressure is over 14 pounds per square inch, you must be examined by the appointed medical practitioner at least once every 4 weeks. If the working pressure is below 14 pounds per square inch, you must be so examined at least once every 3 months.

The lock attendant has to keep a record of all persons who enter and leave the lock, and also has to control all decompression. Always obey his instructions.

---

YOU MUST ALWAYS WEAR THE LABEL ISSUED TO YOU

If you get an attack of “bends” get back to the construction site as quickly as you can and report to the medical lock attendant who will arrange for treatment in the medical lock.

You must never drink alcohol in compressed air, and smoking is also forbidden.

If you have not worked in or entered compressed air before you must not enter the lock unless an experienced compressed air worker is with you.

If the rate of compression is not controlled by the lock attendant, the contractor employing you may tell the leading man to take charge of the valves which let in the compressed air. If you feel pain or discomfort, warn the leading man or lock attendant at once, and compression will be stopped. If the pain does not go, pressure will be reduced slowly and you will be let out of the lock.
TO REDUCE THE RISK OF “BENDS” DECOMPRESSION MUST BE CARRIED OUT STRICTLY ACCORDING TO THE RULES

Decompression is usually in 2 stages, the first quick and the second very slow, though other methods can be allowed under the Regulations.

The lock attendant must control all decompressions. Do not try to interfere with his control. You can get in touch with him by means of the speaking tube, the telephone or the observation window.

Attacks of “bends” usually start within 1\(\frac{1}{4}\) hours after decompression. If the working pressure is over 40 pounds per square inch you should stay near the medical lock for at least 1\(\frac{1}{2}\) hours. If it is less than this you should stay near the medical lock for at least an hour.

IN THE INTERESTS OF YOUR HEALTH OBEY THESE RULES IF YOU DO NOT—YOU MAY BECOME SERIOUSLY ILL

LABOUR DEPARTMENT,  
HONG KONG.  

(L.N. 570 of 1995)
工廠及工業經營 (在壓縮空氣中工作) 規例
(第 32 條)

本提示小冊供發給在壓縮空氣中工作或
進入壓縮空氣中的人之用

仔細閱讀 確實了解
遵守規則 確保安全

在壓縮空氣中工作或進入壓縮空氣中的人，離開氣壓施工室不久後，關節有時會有疼痛感
覺，醫學上稱為 “佝僂”、“減壓症” 或僅稱 “疼痛”。此等疼痛，可能在肌肉及身體其他部位出
現，但絕大多數可以避免。加壓時，耳朵或頭部有時會感到疼痛，但此種情況也可避免。

在極罕見情況下，一種較嚴重的 “佝僂” 病狀可能出現，患者甚至突然 “昏厥” 而須立即進
行覆壓。所以，最重要的是你經常佩帶僱主所發給的身上卡，以便在你離開建築工地後出
現 “佝僂” 病狀時，別人能知如何救治。

有些人在壓縮空氣中工作或進入壓縮空氣中一段時間後，體內骨骼會產生小部位的損傷。
如損傷影響股或肩關節，則會引起關節炎。如不遵守本規則，則會增加骨骼損傷的危險。

未經醫生證明體格適合，切勿在壓縮空氣中工作或進入壓縮空氣中

如患傷風、胸肺發炎、喉痛或耳痛，不可在壓縮空氣中工作或進入壓縮空氣中。若發覺有
上述病狀，必須向建築地盤主管壓縮空氣作業的督導員報告。如因患病或受傷而休假超過 3
天，則在再回到壓縮空氣中工作前，必須由指定醫生覆檢身體。

開始在壓縮空氣中工作或進入壓縮空氣中之前，須由醫生證明體格適合。如施工氣壓超過
每平方呎 14 磅，必須最少每 4 星期一次由指定醫生檢查。如施工氣壓低於每平方呎 14 磅，則
須最少每 3 個月一次由指定醫生檢查。

氣壓調節室管理員必須備存紀錄，以記錄所有進入及離開氣壓調節室的人，並須控制一切減
壓工作。管理員的指示必須經常遵守。

必須經常佩帶僱主所發給的身上卡

如 “佝僂” 病狀發作，應盡速返回建築地盤向高壓醫療室管理員報告，該管理員即會安排你
在高壓醫療室接受治療。

切勿在壓縮空氣中喝酒，亦不可吸菸。

如從未在壓縮空氣中工作或從未進入壓縮空氣中，則除非有經驗豐富的壓縮空氣工作人員
陪同，否則切勿進入氣壓調節室。

如加壓速度並非由氣壓調節室管理員控制，僱用你的承建商會囑咐現場領導人員負責控制
放入壓縮空氣的氣閥。如你感覺疼痛或不適，須立即通知現場領導人員或氣壓調節室管理員，
加壓即會停止。如疼痛不止，氣壓會慢慢降低，氣壓降低後你即可離開氣壓調節室。
為減低引致“倫僂”的危險，減壓時須嚴守規則

雖然本規例亦容許使用其他方法減壓，但減壓工作通常分兩階段進行，第一階段快速，第二階段則非常緩慢。

一切減壓工作，均須由氣壓調節室管理員控制，切勿試圖干擾。如欲與管理員接觸，可利用通話管、電話或觀察窗。

“倫僂”病狀通常在減壓後 1 1/2 小時之內發作。如施工氣壓超過每平方呎 40 磅，你應在高壓醫療室附近逗留最少 1 1/2 小時；如氣壓不足 40 磅，則應在高壓醫療室附近逗留最少 1 小時。

為健康着想，請遵守本規則。違背規則，可引致重病

香港勞工處
表格使用者指南

壓縮空氣中工作的呈報
(a) 根據工廠及工業經營(在壓縮空氣中工作)規例第30條，承建商在壓縮空氣中
    展開建築工程前，須向勞工處、香港警務處及消防處作出呈報。
(b) 有關呈報須採用訂明表格。

交回表格地點
填妥申請表格後，可
(a) 郵寄或交回香港中環統一碼頭道三十八號海港政府大樓十三樓勞工處職業
    安全及健康部或各分區辦事處；或
(b) 電子傳送至勞工處所設的電子郵件地址ldrgadmin@labour.gcn.gov.hk

有關資料
若要查詢有關職業安全及健康的事宜，請以下列方式聯絡本處職業安全及健康
部:
電話 : 2559 2297 (非正常辦公時間自動錄音)
電子信箱 : 2915 1410
電子信箱 : ldrgadmin@labour.gcn.gov.hk

亦可查閱勞工處的互聯網頁內有關本處的服務資料，網址是
www.info.gov.hk/labour。
Guide to Form Users

Notification of commencement of work in compressed air
(a) A contractor shall, in accordance with Regulation 30 of the Factories and Industrial Undertakings (Work in Compressed Air) Regulations, notify the Labour Department, Hong Kong Police Force and Fire Services Department before he commences any construction work in compressed air.

(b) The notification shall be made in a prescribed form.

Place of Submission
You can submit the notification form either:
(a) by post or in person to Occupational Safety and Health Branch of Labour Department at 13/F., Harbour Building, 38 Pier Road, Central, Hong Kong or any branch offices; or
(b) by electronic transmission to the e-mail address of Labour Department at ldrgadmn@labour.gov.hk.

Useful Information
If you require advice on occupational safety and health matters, please contact the Occupational Safety and Health Branch of the Labour Department through:

   Telephone : 2559 2297(auto-recording after office hours)
   Fax        : 2915 1410
   E-mail     : ldrgadmn@labour.gov.hk

Information on the services offered by the Labour Department is also available in our Home Page in the internet at www.info.gov.hk/labour.
勞工處職業安全及健康部
收集個人資料之目的

（壓縮空氣中工作的呈報）

收集目的
1. 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途：
   (a) 有關執行工廠及工業經管條例、職業安全及健康條例及其他由勞工處執行的法例；
   (b) 有關職業適例事項和進行法律聆訊，或
   (c) 將有關資料用作研究及統計分析。

資料轉移
2. 為了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人事或機構（如政府部門，律師樓等）透露。

查閱個人資料
3. 根據個人資料（私隱）條例第18及22條及附表一保障原則第6原則的規定，你有權要求查閱及更正個人資料。要求查閱的權利包括要求獲得一份你所提供的個人資料複本。

查詢個人資料
4. 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人士提出：
   労工處職業安全及健康部
   職業安全 - 行動科
   分區職業安全主任（總部）
   香港中環統一碼頭道三十八號
   海港政府大樓十三樓
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

(Notification of Commencement of Work in Compressed Air)

Purpose of Collection
1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:

   (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;

   (b) activities relating to checking compliance of legislative requirements and carrying on legal proceeding; and

   (c) carrying on research and compilation of statistical data.

Classes of Transferees
2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data
3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries
4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

   Divisional Occupational Safety Officer (HQ)
   Occupational Safety - Operations Division
   Occupational Safety and Health Branch
   Labour Department
   13/F., Harbour Building,
   38 Pier Road, Central, Hong Kong
### APPLICATION FOR REGISTRATION AS A SAFETY OFFICER

**Personal Particulars**

<table>
<thead>
<tr>
<th>Name in English</th>
<th>Surname: Other names:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</table>

<table>
<thead>
<tr>
<th>Chinese Name Code</th>
<th>*</th>
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<table>
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<tr>
<th>HK Identity Card No. or Passport No.</th>
<th>Sex</th>
<th>E-mail Account</th>
</tr>
</thead>
</table>

**Residential Address**

**Contact Telephone No.**

**Correspondence Address (if different from above)**

**Occupation**

**Name of Employer**

**Address of Employer**

**Contact Telephone No.**

**Schools, Colleges, Universities**

**Qualification**

**Date Obtained**

**Education or Academic Qualifications (in chronological order)**

SOSS-F1-1 (Rev. 2002)
# Professional Qualifications (in chronological order)

<table>
<thead>
<tr>
<th>Issuing Authority (e.g. Examination Authority or Professional Institution)</th>
<th>Qualification (e.g. Registered Professional Engineer)</th>
<th>Date Obtained (Month / Year)</th>
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<tbody>
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</table>

# Working Experience/Employment Record (experience relevant to the duties of safety officer)

<table>
<thead>
<tr>
<th>Employer (Name, Address &amp; Telephone No.)</th>
<th>Position</th>
<th>Brief Description of Duties</th>
<th>Date From</th>
<th>Date To</th>
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</thead>
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</tbody>
</table>

I hereby declare that the particulars contained in this form are true and correct to the best of my knowledge and belief. I understand that if my registration as a safety officer is obtained by fraudulent means, the registration is liable to cancellation under Regulation 9(a) of the aforesaid Regulations. I attach a photograph of myself.

**Signature** : __________________________

**Date** : __________________________

---

**Note:**

(1)  You are requested to inform the Commissioner for Labour of any change in 'Personal Particulars'.

(2)  Please complete this part if applicable.

(3)  Please use separate sheets in case of insufficient space.

(4)  Please note the attached "Statement of Purpose for the Collection of Personal Data".

SOSS-F1-2 (Rev. 2002)
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

Purposes of Collection

1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:
   (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
   (b) facilitating processing of your applications in this form and subsequent investigations and evaluation of registration conditions;
   (c) maintenance of a register of Registered Safety Officer for public access under regulation 6 of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations;
   (d) facilitating communication between Labour Department and yourself on your application and other relevant matters; and
   (e) carrying on research and compilation of statistical data.

Classes of Transferees

2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries

4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:
   Divisional Occupational Safety Officer (Training)
   Occupational Safety and Health Training Centre
   Occupational Safety and Health Branch
   Labour Department
   13/F, City Landmark I
   68 Chung On Street, Tsuen Wan
### 表格 2A

**FORM 2A**

**FACTORIES AND INDUSTRIAL UNDERTAKINGS (SAFETY OFFICERS AND SAFETY SUPERVISORS) REGULATIONS**

**MONTHLY REPORT TO BE PREPARED BY SAFETY OFFICER EMPLOYED ON CONSTRUCTION SITES**

本表格乃由勞工處處長就工廠及工業經營（安全主任及安全督導員）規例第 15(2) 條的需要而認可

*Form approved by the Commissioner for Labour for the purposes of regulation 15(2) of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations*

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<tr>
<th>安全主任姓名</th>
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<tr>
<td>Name of Safety Officer</td>
<td>Total Workforce</td>
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* * *

<table>
<thead>
<tr>
<th>*業主姓名</th>
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<tbody>
<tr>
<td>Name of *Proprietor</td>
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<table>
<thead>
<tr>
<th>公司名稱</th>
<th>安全督導員人數</th>
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<tr>
<td>Name of Company</td>
<td>Number of Safety Supervisors</td>
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<table>
<thead>
<tr>
<th>建築地盤數目</th>
<th>月份/年份</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Construction Sites</td>
<td>Month/Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>工作類別</th>
<th>次數</th>
<th>地點</th>
<th>行動</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Work</td>
<td>Occasion</td>
<td>Location</td>
<td>Action</td>
</tr>
</tbody>
</table>

**地盤視察 Site Visits** :

(a) 上蓋建築 Superstructure

(b) 土木工程 Civil Engineering

(c) 其他 Others

**調查 Investigations** :

(a) 致命意外 Fatal Accidents

(b) 非致命意外 Non-fatal Accidents

(c) 危險事故 (失火、起重機倒塌等) Dangerous Occurrences (fire, collapse of cranes, etc.)

(d) 職業病 Occupational Diseases

(e) 投訴 Complaints

**訓練 Training** :

(a) 研討會 Seminars

(b) 講座 Lectures

(c) 分組討論 Group Discussions

SOSS-F2A-1 (Rev. 2002)
<table>
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<th>Type of Work</th>
<th>Occasion</th>
<th>Location</th>
<th>Action</th>
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<tbody>
<tr>
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<td>(a) Safety Posters</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>(b) Pamphlets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Circulations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Promotion</td>
<td>(a) Safety Campaigns</td>
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<td>(c) Others</td>
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<td>(a) Meeting with Management</td>
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<td>(b) Meeting with Site Staff</td>
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<td>(c) Meeting with Sub-contractors</td>
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<td>(d) Meeting with Government Agencies</td>
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<td>(e) Safety Committee Meeting</td>
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<td>(f) Discussion with Safety Supervisors</td>
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<td></td>
<td>(b) Non-fatal Accidents</td>
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Recommendations:

Signature：

Proprietor

Note:

* "Proprietor" includes the person for the time being having the management or control of the business carried on in the industrial undertaking or notifiable workplace and includes a body corporate and a firm and also the occupier of any industrial undertaking or notifiable workplace and the agent of such occupier.
## FORM 3A

**FACTORIES AND INDUSTRIAL UNDERTAKINGS (SAFETY OFFICERS AND SAFETY SUPERVISORS) REGULATIONS**

**WEEKLY REPORT TO BE PREPARED BY SAFETY SUPERVISOR EMPLOYED ON CONSTRUCTION SITES**

本表格由勞工處處長就工廠及工業經營（安全主任及安全督導員）規例第 17(2)條的需要而認可

*Form approved by the Commissioner for Labour for the purposes of regulation 17(2) of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations*

<table>
<thead>
<tr>
<th>安全督導員姓名</th>
<th>Name of Safety Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>安全主任姓名</td>
<td>Name of Safety Officer</td>
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<tr>
<td><em>東主姓名</em></td>
<td>Name of <em>Proprietor</em></td>
</tr>
<tr>
<td>公司名稱</td>
<td>Name of Company</td>
</tr>
<tr>
<td>建築地盤地址</td>
<td>Address of Construction Site</td>
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### 工人數目

Number of Workers

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<th>日期</th>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
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<tr>
<td>(請填上良好、滿意或欠佳)</td>
<td>(G=Good; S=Satisfactory; P=Poor)</td>
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有關期間：由 ______ 至 ______ 的一個星期

For the week between ______ and ______.
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<th>星期二</th>
<th>星期三</th>
<th>星期四</th>
<th>星期五</th>
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<tr>
<td>(G=Good; S=Satisfactory; P=Poor)</td>
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<td>Saturday</td>
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</tbody>
</table>

### 地面工程 Earthwork:
- 挖掘工程 Excavations
- 坑槽 Trenches
- 沉箱 Caissons
- 隧道 Tunnels
- 斜坡 Slopes
- 其他 Others

### 起重机械及起重装置 Lifting Appliances and Lifting Gear:
- 起重机 (例如：塔式起重机、龙门起重机、流动起重机等) Cranes (e.g. Tower Cranes, Gantry Cranes, Mobile Cranes, etc.)
- 绞车 Winches
- 滑轮组 Pulley Blocks
- 载人吊重机 Passenger Hoists
- 物料或吊斗吊重机，包括吊重机，包括料斗或吊斗机 Material or Skip Hoists, including Hoistway
- 吊船 Suspended Working Platforms
- 链、缆索、吊索 Chains, Ropes, Hooks, Slings
- 其他 Others

### 電力 Electricity:
- 開關掣 Switches
- 電線 Wiring
- 固定装置 Fixed Installations
- 手提式照明设备 Portable Lighting
- 手提工具 Portable Tools
- 焊機 Welding Machines
- 其他 Others
<table>
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<tr>
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<th>Sunday</th>
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SOSS-F3A-3 (Rev. 2002)
### General Safety Check

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<th>G</th>
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<tbody>
<tr>
<td>Sunday</td>
<td>Monday</td>
<td>Tuesday</td>
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</tbody>
</table>

#### Personal Protective Equipment:

- **Helmets**
- **Eye Protectors**
- **Ear Protectors**
- **Respirators**
- **Safety Belts**
- **Gloves**
- **Safety Shoes**
- **Reflective Jackets**
- **Others**

#### Recommendation:

- [Signature]

  **Safety Supervisor**

  **Date**

  I discussed this report with the safety supervisor on [Date].

#### Note:

1. "Proprietor" includes the person for the time being having the management or control of the business carried on in the industrial undertaking or notifiable workplace and includes a body corporate and a firm and also the occupier of any industrial undertaking or notifiable workplace and the agent of such occupier.

2. Delete if inapplicable.

SOSS-F3A-4 (Rev. 2002)
**FORM 4**

**FACTORIES AND INDUSTRIAL UNDERTAKINGS (SAFETY OFFICERS AND SAFETY SUPERVISORS) REGULATIONS**

**NOTICE OF EMPLOYMENT OF SAFETY OFFICER**

<table>
<thead>
<tr>
<th>公司名稱</th>
<th>Name of Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>*東主姓名</td>
<td>Name of *Proprietor</td>
</tr>
<tr>
<td>聯絡電話號碼</td>
<td>Contact Telephone No.</td>
</tr>
<tr>
<td>工作地址</td>
<td>Workplace Address</td>
</tr>
<tr>
<td>安全主任姓名</td>
<td>Name of Safety Officer</td>
</tr>
<tr>
<td>聯絡電話號碼</td>
<td>Contact Telephone No.</td>
</tr>
</tbody>
</table>

根據工廠及工業經營（安全主任及安全督導員）規例 15(1) 條規定，上述的安全主任乃協助本人促進本工地僱員的安全及健康，其職責包括—

In accordance with the provisions of regulation 15(1) of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations, the above-named safety officer is to assist me in promoting the safety and health of persons employed therein, including for that purpose—

1. 巡視工地： Inspection of Workplace；
2. 調查投訴及意外事件： Investigation of Complaints and Accidents；
3. 會見工地職員及 others Meeting with Workplace Staff and Others (to be specified)。

* *東主簽名： Signature of *Proprietor ___________________________

日期 Date ___________________________

附註 Note：
* "東主" 包括當其時管理或控制在該工業經營或工程場所進行的業務的人，亦包括法人團體，例如，以及任何工業經營或工程場所的佔用人及此等佔用人的代理人。
* "Proprietor" includes the person for the time being having the management or control of the business carried on in the industrial undertaking or notifiable workplace and includes a body corporate and a firm and also the occupier of any industrial undertaking or notifiable workplace and the agent of such occupier.

SOSS-F4 (Rev. 2002)
<table>
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<tr>
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<tbody>
<tr>
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<tr>
<td>Workplace Address</td>
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<tr>
<td>Safety Supervisor</td>
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</table>

**NOTICE OF EMPLOYMENT OF SAFETY SUPERVISOR**

Form approved by the Commissioner for Labour for the purposes of regulation 19A(2) of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations

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<table>
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<tbody>
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<tr>
<td><strong>Name of Proprietor</strong></td>
<td>Contact Telephone No.</td>
</tr>
<tr>
<td><strong>Workplace Address</strong></td>
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</tr>
<tr>
<td><strong>Name of Safety Supervisor</strong></td>
<td>Contact Telephone No.</td>
</tr>
</tbody>
</table>

In accordance with the provisions of regulation 17(1) of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations, the above-named safety supervisor is to assist me and the safety officer in promoting the safety and health of persons employed therein, including for that purpose—

1. Supervising the observance of safety measures and standards by persons employed;

2. Promoting the safe carrying on work; and

3. Others (to be specified).

*Signature of Proprietor*

*Date*

Note:

*“Proprietor” includes the person for the time being having the management or control of the business carried on in the industrial undertaking or notifiable workplace and includes a body corporate and a firm and also the occupier of any industrial undertaking or notifiable workplace and the agent of such occupier.*
表格 6

FORM 6

工厂及工业经营条例（安全主任及安全督導員）規例
FACTORIES AND INDUSTRIAL UNDERTAKINGS (SAFETY OFFICERS AND SAFETY SUPERVISORS) REGULATIONS

安全主任注册的续期 / 重新确認生效申请书
APPLICATION FOR RENEWAL/REVALIDATION AS A SAFETY OFFICER

本表格乃由劏工處處長就工廠及工業經營（安全主任及安全督導員）規例第 7B(4)條的需要而認可
Form approved by the Commissioner for Labour for the purposes of regulation 7B(4) of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations

个人资料 Personal Particulars

<table>
<thead>
<tr>
<th>Name in English</th>
<th>Surname</th>
<th>Other names</th>
<th>*中文姓名</th>
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<tr>
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<th>電郵户口</th>
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<tbody>
<tr>
<td>HK Identity Card No. or Passport No.</td>
<td>E-mail Account</td>
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<table>
<thead>
<tr>
<th>住址</th>
<th>Residential Address</th>
<th>聯絡電話號碼</th>
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<td></td>
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<td>Contact Telephone No.</td>
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通讯地址(如与上述住址不同者) Correspondence Address (if different from above)

<table>
<thead>
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<th>Occupation</th>
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<th>雇主姓名</th>
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<table>
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专业继续发展计划详情 Record of Continuing Professional Development Programme

<table>
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<th>項目 Item no.</th>
<th>主辦者 (名稱、地址、電話號碼及聯絡人) Organizer (Name, Address, Telephone No. &amp; Contact Person)</th>
<th>課程、講座、會議、演講、研討會、座談會等項目的題目 Title of Course / Talk / Conference / Lecture / Seminar / Symposium etc.</th>
<th>日期 (日/月/年) Date (Day / Month / Year)</th>
<th>出席時間 (小時) Duration Attended (in hours)</th>
<th>證明文件 Documentary Proof</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

SOSS-F6-1
<table>
<thead>
<tr>
<th>項目 Item no.</th>
<th>主辦者(名稱、地址、電話號碼及聯絡人) Organizer (Name, Address, Telephone No. &amp; Contact Person)</th>
<th>課程、講座、會議、演講、研討會、座談會等項目的題目 Title of Course /Talk /Conference/Lecture/ Seminar/Symposium etc.</th>
<th>日期 Date</th>
<th>出席時間 (小時) Duration Attended (in hours)</th>
<th>證明文件 Documentary Proof</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

本人謹此聲明，本表格內所載詳情是盡本人所知所信屬真實和正確。我明白，如果我以欺詐方法取得安全主任註冊的續期/重新確認生效，根據上述規例的第 9(a)條，該續期/重新確認生效可被取消。

I hereby declare that the particulars contained in this form are true and correct to the best of my knowledge and belief. I understand that if my renewal/revalidation as a safety officer is obtained by fraudulent means, the registration as renewed/revalidated is liable to cancellation under Regulation 9(a) of the aforesaid Regulations.

照片 PHOTO

簽名 Signature : ______________________

日期 Date : ______________________

附註 Note:

(1) 請刪去不適用者。 Please delete if inapplicable.
(2) 如“個人資料”有所更改，請通知勞工處長。 You are requested to inform the Commissioner for Labour of any change in “Personal Particulars”.
(3) * 如適用者，請填寫此欄。 Please complete this part if applicable.
(4) # i) 如果空白不夠，請使用附加紙張續寫。 Please use separate sheets in case of insufficient space.
ii) 如有需要，本處會要求你呈上有關的證明文件。 You may be required to provide documentary proof upon request.
(5) 請注意附帶的收集個人資料的目的。 Please note the attached “Statement of Purpose for the Collection of Personal Data”.

SOSS-F6-2
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

Purposes of Collection
1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:
   (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
   (b) facilitating processing of your applications in this form and subsequent investigations and evaluation of registration conditions;
   (c) maintenance of a register of Registered Safety Officer for public access under regulation 6 of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations;
   (d) facilitating communication between Labour Department and yourself on your application and other relevant matters; and
   (e) carrying on research and compilation of statistical data.

Classes of Transferees
2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data
3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries
4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:
   Divisional Occupational Safety Officer (Training)
   Occupational Safety and Health Training Centre
   Occupational Safety and Health Branch
   Labour Department
   13/F, City Landmark I
   68 Chung On Street, Tsuen Wan
FACILITIES AND INDUSTRIAL UNDERTAKINGS (CARCINOGENIC SUBSTANCES) REGULATIONS

HEALTH REGISTER OF PERSONS EMPLOYED IN CONNEXION WITH CARCINOGENIC SUBSTANCES

Part 1

(to be filled by proprietor in the course of employment of the person)

Name of industrial undertaking:

Industrial establishment: ____________________________________________________________

Address:

法文: ____________________________________________________________

Telephone:

電話號碼: ____________________________________________________________

PARTICULARS OF EMPLOYED PERSON——

僱員個人資料

Name: ____________________________________________________________

姓 名 : ____________________________________________________________

Sex: ____________________________________________________________

性 別 : ____________________________________________________________

Date of birth:

出生日期: ____________________________________________________________

Address:

住址: ____________________________________________________________

Telephone:

電話號碼: ____________________________________________________________

REGISTRY OF SEL-MONTHLY MEDICAL EXAMINATION——

每六個月進行一次健康檢查的記錄——

<table>
<thead>
<tr>
<th>Date of examination</th>
<th>Date urine sample provided</th>
<th>Name of appointed medical practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERIODS OF EMPLOYMENT IN CONNEXION WITH SUBSTANCES UNDER THE REGULATIONS——

與上述規定所管轄物質有關的受雇期間——

<table>
<thead>
<tr>
<th>Process</th>
<th>Name of Substance</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 2

(to be filled and sent by proprietor on cessation of employment of the person)

(由業主在員工離職時填報)
To: Commissioner for Labour, Labour Department, Hong Kong

Subject:

Pursuant to regulation 4(2) of the Factories and Industrial Undertakings (Carcinogenic Substances) Regulations, this register is forwarded herewith.

Register of industrial undertaking

Signature:

[Signature]

Name:

[Name]

Position:

[Position]

Date:

[Date]

Notes:

1. In accordance with regulation 8 every person who is or has been employed in any manufacture, process or work referred to in regulation 3 is required to be medically examined at intervals of not more than 6 months so long as his employment in the industrial undertaking continues. The medical examination includes exfoliative cytology of the urine.

2. Employed persons are required to submit themselves for medical examination at the appointed time and to provide a urine sample.
**FORM I**

**Reports of Results of Weekly Inspections of Lifting Appliances**

---

**Name of owner**

擁有人姓名 ..........................................

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

---

**Address of installation**

安裝地址 ..........................................

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

---

【Form approved by the Commissioner for Labour for the purposes of regulation 7A of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations】

工廠及工業經營 (起重機械及起重裝置) 規例

起重機械的每週一次檢查結果報告

本表格乃由勞工處處長就工廠及工業經營 (起重機械及起重裝置) 規例第 7A 條的需要而認可

<table>
<thead>
<tr>
<th>Description of lifting appliance and means of identification</th>
<th>Date of inspection (including all working gear and anchoring or fixing plant or gear, and where required the automatic safe load indicator and derrickling interlock)</th>
<th>Result of inspection (State whether in safe working order)</th>
<th>Signature and designation of person who made the inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>起重機械說明及識別標誌</td>
<td>檢查日期</td>
<td>檢查結果</td>
<td>檢查者簽名及職階</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合資格檢驗員或合資格的人，如向擁有人交付他明知有任何要項屬虛假的證明書或作出他明知有任何要項屬虛假的報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。
### Form 2

**Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations**

**CERTIFICATE OF TEST AND THOROUGH EXAMINATION OF ANCHORING OR BALLASTING OF CRANES**

Form approved by the Commissioner for Labour for the purposes of regulation 7E(2) & (3) of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations

<table>
<thead>
<tr>
<th>Description of crane and means of identification</th>
<th>Test applied</th>
<th>Safe working loads as ballasted</th>
<th>Result of test</th>
</tr>
</thead>
<tbody>
<tr>
<td>起重機說明及識別標誌 (1)</td>
<td>(2)</td>
<td>鍶重測試方法</td>
<td>記載於表</td>
</tr>
<tr>
<td>Load imposed (tonnes)</td>
<td>Radius of jib (metres)</td>
<td>Anchorage tested</td>
<td>Load (tonnes)</td>
</tr>
<tr>
<td>無 (以公斤為單位)</td>
<td>吊臂半徑 (以米為單位)</td>
<td>確定測試</td>
<td>無 (以公斤為單位)</td>
</tr>
</tbody>
</table>

I hereby certify that the anchoring and ballasting of the crane described in this certificate was tested and thoroughly examined by me on .............................. and that the above particulars are correct.

Signature of Registered Professional Engineer

Date of certificate

Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合資格檢驗員或合資格的人，如向擁有人交付他明知有任何要項屬虛假的證明書或作出他明知有任何要項屬虛假的報告，即屬犯罪；一经定罪，可處罰款二十萬元及監禁十二個月。
CERTIFICATE OF TEST AND THOROUGH EXAMINATION OF CRANE, CRABS AND WINCHES

Form approved by the Commissioner for Labour for the purposes of regulation 5(3) & (5) of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations

工廠及工業經營(起重機械及起重裝置)規例
起重機、起重滑車及絞車的測試及徹底檢驗結果證明書
本表格乃由勞工處處長就工廠及工業經營(起重機械及起重裝置)規例第 5(3)及(5)條的需要而成

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of owner and address of installation of the appliance 擁有人姓名及機械的安裝地址</td>
</tr>
<tr>
<td>2.</td>
<td>Name and address of maker of the appliance 機械製造廠名稱及地址</td>
</tr>
<tr>
<td>3.</td>
<td>Type of appliance and nature of power (e.g. Scotch derrick-manual; tower derrick-electric; rail mounted tower-electric) 機械類別及所使用的動力(例如：蘇格蘭式人字起重機 — 人力；塔式人字起重機 — 電力；架設軌道的塔式起重機 — 電力)</td>
</tr>
<tr>
<td>4.</td>
<td>Date of manufacture of the appliance 該機械製造日期</td>
</tr>
<tr>
<td>5.</td>
<td>Identification number (a) Maker's serial number 識別編號 (製造廠編號)</td>
</tr>
<tr>
<td></td>
<td>(b) Owner's distinguishing mark or number (if any) 擁有人的識別標誌編號(如有此標誌或編號者)</td>
</tr>
</tbody>
</table>
6. Safe working load or loads.
In the case of a crane with a variable operating radius (including a crane with a derricking jib or with interchangeable jibs of different lengths) the safe working load at various radii of the jib, jibs, trolley or crane must be given; test loads at various radii should be given in column (3) and in the case of a safe working load which has been calculated without the application of a test load "NIL" should be entered in that column.

<table>
<thead>
<tr>
<th>(1) Length of jib (metres)</th>
<th>(2) Radius (metres)</th>
<th>(3) Test load (tonnes)</th>
<th>(4) Safe Working load (tonnes)</th>
</tr>
</thead>
</table>

安全操作負荷

如該起重機係附有伸縮性的操作半徑者(包括裝有人字吊臂或有不同長度的吊臂可供調換的起重機)，則須分表列明吊臂、絞輪或起重滑車在使用各種半徑操作時的安全負荷。測試各種半徑時所用的負荷應填於第(3)欄內，如安全操作負荷並非經過負荷測試而屬計算者，則應在該欄內填「無」字。

7. In the case of a crane with a derricking jib or jibs the maximum radius at which the jib or jibs may be worked (in metres).
如該起重機係附有人字吊臂者，則註明在該吊臂伸至最長時的半徑(以公尺為單位)。

8. Defects noted and alterations or repairs required before appliance is put into service. If none enter "None" and state whether in safe working order.

註明所發現的毛病及起重機於使用前所需作的修改或修理。如無不妥，則應填「無」字並註明是否處於安全操作狀態。

9. In the case of a crane, state whether the automatic safe load indicator is in good working order.

如該機械為起重機，註明該機的安全負荷自動顯示器是否處於安全操作狀態。

I hereby certify that on ............................. 19...... the appliance described in this certificate was tested and thoroughly examined by me in accordance with the First Schedule and that the above particulars are correct. 茲證明本人於一九 ...... 年 ...... 月 ...... 日依照附表 1 的規定測試及徹底檢驗本證書所指的機械，且上述各項均屬確實無訛。

LALG-F3-2
Signature of Registered Professional Engineer

Name and address of person, company or association by whom the person conducting the test and examination is employed

Date of certificate

Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

LALG-F3-3
### FORM 4

Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations

CERTIFICATE OF TEST AND THOROUGH EXAMINATION OF LIFTING APPLIANCES (EXCEPT CRANES, CRABS AND WINCHES)

Form approved by the Commissioner for Labour for the purposes of regulation 5(2) & (4) of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations

<table>
<thead>
<tr>
<th>Description of appliance(s), type and distinguishing mark</th>
<th>Test load applied (tonnes)</th>
<th>Safe working load (tonnes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>該機械的說明、類別及識別標誌</td>
<td>測試時所用的負荷 (以公噸為單位)</td>
<td>安全操作負荷 (以公噸為單位)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defects noted, alterations or repairs required. If none, enter “None” and state whether in safe working order</th>
</tr>
</thead>
<tbody>
<tr>
<td>註明所發現的毛病及所需的修改或修理。如無不妥，則填「無」字並註明是否處於安全操作狀態</td>
</tr>
</tbody>
</table>

I hereby certify that on ........................................ 19........ the appliance described in this certificate was tested and thoroughly examined by me in accordance with the First Schedule and that the above particulars are correct.

L.A.G.-F4-1
Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合資格檢驗員或合資格的人，如向擁有人交付他明知有任何要項屬虛假的證明書或作出他明知有任何要項屬虛假的報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。
**Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations**

**LIFTING APPLIANCES**

**CERTIFICATE OF RESULTS OF THOROUGH EXAMINATIONS IN THE PRECEDING TWELVE MONTHS**

Form approved by the Commissioner for Labour for the purposes of regulation 5(l) of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations

工廠及工業經營(起重機械及起重裝置)規例

起重機械在過去十二個月內進行的徹底檢驗結果證明書

本表格乃由勞工處處長就工廠及工業經營(起重機械及起重裝置)規例第5(1)條的需要而認可

| Description of appliance, e.g. type, identification marks, maximum safe working load, etc. | Date of examination 檢驗日期 | Result of examination
| 機械的說明, 例如: 類別、識別標誌、最高安全操作負荷等 | (2) | 如無不妥, 則填「無」字並註明是否處於安全操作狀態 (3) |
| (1) | |
| | |
| | |

I hereby certify that the appliances described in this certificate were thoroughly examined by me on ............................. and that the above particulars are correct.

茲證明本人於 ............................. 月 .............................日 經徹底檢驗本證明書所載的起重機，凡上文各項均屬符合規定。

Signature of Registered Professional Engineer 註冊專業工程師簽署

Qualification 註冊資格

Date of certificate ............................. 註冊日期

Signature 証明書

Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合格檢驗員或合格的人，如向擁有人交付他明知有任何要項屬虛假的證明書或作出他明知有任何要項屬虛假的報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。
# Form 6

**Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations**

**Certificate of Test and Thorough Examination of Chains, Ropes and Lifting Gear**

*Form approved by the Commissioner for Labour for the purposes of regulation 18(1)(d) of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations*

工廠及工業經營(起重機械及起重裝置)規例

**鋼索及起重裝置的測試及徹底檢驗報告書**

本表格乃由勞工處處長就工廠及工業經營(起重機械及起重裝置)規例第 18(1)(d)條的需要而認可

<table>
<thead>
<tr>
<th>Description of chain, rope or lifting gear tested and examined</th>
<th>Test load applied (tonnes)</th>
<th>Safe working load (tonnes)</th>
<th>Defects noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>接受測試的鋼索、纜索或起重裝置的說明及識別標誌</td>
<td>試驗時所使用的負荷 (以公噸為單位)</td>
<td>安全操作負荷 (以公噸為單位)</td>
<td>如無不妥，則填「無」字並說明是否處於安全操作狀態。</td>
</tr>
</tbody>
</table>

I hereby certify that on ........................................ 19...... the gear described in this certificate was tested and thoroughly examined by me in accordance with the First Schedule and that the above particulars are correct.

Signature of Registered Professional Engineer ........................................

註冊專業工程師簽署

Qualification ........................................................................

註冊資格

Discipline ..........................................................................

註冊界別

LALG-F6-1
**FORM 7**

**表 構 七**

---

**Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations**

**CHAINS,ropes and Lifting Gear**

**CERTIFICATE OF RESULTS OF THOROUGH EXAMINATION IN THE PRECEDING SIX MONTHS**

*Form approved by the Commissioner for Labour for the purposes of regulation 18(1)(e) of the Factories and Industrial Undertakings (Lifting Appliances and Lifting Gear) Regulations*

工廠及工業經營(起重機械及起重裝置)規例

關於纜條、纜索及起重裝置

在過去六個月內進行的徹底檢驗結果證明書

本表格乃由勞工處處長就工廠及工業經營(起重機械及起重裝置)規例第 18(1)(e)條的需要而認可

<table>
<thead>
<tr>
<th>Description of chain, rope or gear, e.g. type, size and identification mark</th>
<th>Date of examination 檢驗日期</th>
<th>Safe working load (tonnes) 安全操作負荷 (以公噸為單位)</th>
<th>Result of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

I hereby certify that the gear described in this certificate was thoroughly examined by me on .................................. and that the above particulars are correct.

茲證明本人會於 ..................................年 .................月 .................日 仔细检验本证明書所指的起重装置，且上述各項均屬確實無誤。

Signature of Registered Professional Engineer 註冊專業工程師簽署

Qualification 註冊資格

Date of certificate 簽發日期

Discipline 註冊界別

Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合資格檢驗員或合資格的人，如向擁有人交付他明知有任何要項屬虛假的證明書或作出他明知有任何要項屬虛假的報告，即屬犯罪；一经定罪，可處罰款二十萬元及監禁十二個月。

LALG-F7
<table>
<thead>
<tr>
<th>Description of suspended working platform and identification mark</th>
<th>Date of inspection</th>
<th>Result of inspection</th>
<th>Name, signature and designation of the competent person who made the inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>吊船的說明及識別標記</td>
<td>檢查的日期</td>
<td>檢查結果</td>
<td>進行檢查的合資格的人的姓名、簽署及職級</td>
</tr>
</tbody>
</table>

Result of inspection (covering all lifting appliances and gear, the working platform, counterbalance, ballast, outriggers, anchoring, supporting or fixing arrangements, all mechanical and electrical apparatus and safety devices)

State whether in safe working order 檢查結果

(包括所有起重機械及裝置、工作平臺、平衡系統、壓重物、支撐物、錨定、支撐或固定安裝、所有機電器具及安全裝置)

述明是否處於安全操作狀態。

An owner shall ensure that a suspended working platform is not used for carrying persons unless he has obtained a certificate of weekly inspection signed by a competent person stating that the suspended working platform is in safe working order. Otherwise, he commits an offence and is liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

在未取得合資格的人簽署的每週檢查證明書，述明吊船處於安全操作狀態，擁有人如使用該吊船載人，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。

SWP-F1
Person or firm by whom person conducting the test and examination is employed
僱用執行此項測試及檢驗的人士或商號

Date of certificate ..................................................
簽發日期

Any competent examiner or competent person who delivers to an owner a certificate or makes a report which is to his knowledge false as to a material particular shall be guilty of an offence and shall be liable on conviction to a fine of $200,000 and to imprisonment for 12 months.
任何合資格檢驗員或合資格的人，如向擁有人交付他明知有任何要項屬虛假的證明書或作出他明知有任何要項屬虛假的報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。
CERTIFICATE OF THOROUGH EXAMINATION OF SUSPENDED WORKING PLATFORM

<table>
<thead>
<tr>
<th>Description of suspended working platform e.g. identification mark, dimensions of working platform, safe working load, maximum number of persons that can be carried safely.</th>
<th>Date of thorough examination</th>
<th>Result of thorough examination</th>
<th>State whether the suspended working platform is in safe working order.</th>
</tr>
</thead>
<tbody>
<tr>
<td>吊船的說明，例如：識別標記、工作平台的尺寸，安全操作負荷，安全運載的最多人數等。</td>
<td>徹底檢驗的日期</td>
<td>指出修理所需使吊船安全使用。如無此修理，則填寫“無”。</td>
<td>註明吊船是否處於安全操作狀態。</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

I hereby certify that the suspended working platform described in this certificate was thoroughly examined by me on .........................

兹聲明本人於 .................................. 年 .................................. 月 ........................... 日 徹底檢驗本證明書所述的吊船。

Name and signature of Registered Professional Engineer .......................... Qualification ..........................

註冊專業工程師姓名及資格

Date of issue ..........................

簽發日期

Any competent examiner who delivers to an owner a certificate or report which is to his knowledge false as to a material particular commits an offence and is liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合資格檢驗員，如向擁有人送交他自知有虛假要項的證明書或報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。

SWP-F2
## FACTORIES AND INDUSTRIAL UNDERTAKINGS (SUSPENDED WORKING PLATFORMS) REGULATION

**CERTIFICATE OF LOAD TEST AND THOROUGH EXAMINATION OF SUSPENDED WORKING PLATFORM**

*Form approved by the Commissioner for Labour for the purposes of Section 20(2) & (3) of the Factories and Industrial Undertakings (Suspended Working Platforms) Regulation*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Name of owner of the suspended working platform.</td>
<td></td>
</tr>
<tr>
<td>吊船擁有人的姓名。</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Address of installation of the suspended working platform.</td>
<td></td>
</tr>
<tr>
<td>吊船的安裝地址。</td>
<td></td>
</tr>
<tr>
<td><strong>3. (a)</strong> Description of suspended working platform, e.g. identification mark, mode of suspension, dimensions of platform etc.</td>
<td></td>
</tr>
<tr>
<td>吊船的說明，例如識別標記、懸吊形式、工作platfrom的尺寸等。</td>
<td></td>
</tr>
<tr>
<td><strong>(b)</strong> Date of manufacture (if ascertainable)</td>
<td></td>
</tr>
<tr>
<td>製造日期(如能確定)。</td>
<td></td>
</tr>
</tbody>
</table>
4. Design and construction —
設計及構造 —
Is the suspended working platform of good design and construction, of adequate strength, made of sound material and properly installed?
吊船的設計及構造是否良好、強度是否足夠、物料是否質佳及是否妥妥安裝?
State "Yes" or "No". If "No", specify what defects have been found. And state the suspended working platform is not in safe working order in paragraph 9 below.
述明“是”或“否”。如屬“否”，則列舉其毛病所在。並於下述第九段內，述明吊船不是處於安全操作狀態。

Note: Details of any renewals or alterations required should be given in paragraph 7 below.
附註: 如需要進行任何更換或修改工程，應詳情說明於前述第7段。

5. Are the following parts of the suspended working platform in safe working order?
下列吊船的各部分是否處於安全操作狀態?
State "Yes" or "No".
述明“是”或“否”。

(a) anchorage and support.
錨定及支持。

(b) suspension.
懸吊。

(c) counterbalance and counterweights.
平衡系統及衡重物。

(d) platform.
工作平台。

(e) access to and egress from the suspended working platform.
吊船的進出途徑。

(f) drums and pulleys.
鼓及滑輪。

(g) brakes.
制動器。
(h) control levers, switches or other operating devices.
控制桿、開關掣或其他操作器材。

(i) winches, climbers or other lifting appliances.
绞車、爬升器或其他起重機械。

(j) safety ropes and safety devices (if applicable under Section 14, state ‘Yes’ or ‘No’. If not, state ‘N.A.’).
安全纜索及安全器材(如根據規例第 14 條適用，述明“是”或“否”。如不適用，述明“不適用”)。

(k) Other parts.
其他部份。

6. Test load applied (tonne).
測試時使用的負荷(公噸)。

7. Specify repairs, renewals or alterations required to enable the suspended working platform to be used safely. If no such repairs, renewals or alterations are required, enter “None”.
列明所需修理，更換或修改工程致能安全地使用此吊船。如無需要修理，更換或修改，則填寫“無”。

8. Specify repairs (other than those listed in paragraph 7) required before the issue of the next certificate. If no such repairs are required, enter “None”.
列明在下次發證明書前所需的修理(除卻那些在第 7 段內所列舉的修理)。如無需要修理，則填寫“無”。

SWP-F3-3
| 9. | State whether the suspended working platform is in safe working order.  
達明吊船是否處於安全操作狀態。 |
|---|---|
| 10. | Safe working load (tonne).  
安全操作負荷(公噸)。
|---|---|
| 11. | Specify the maximum number of persons that can be carried safely.  
列明安全運載的最大人數。
|---|---|
| 12. | Other observations.  
其他觀察。
|---|---|

I certify that on .......................................................... I load tested and thoroughly examined this suspended working platform and that the foregoing is a correct report of the result.

茲證明本人曾於 ..........年 ..........月 ..........日 爲此吊船進行了負荷測試及徹底檢驗，而前文所述的測試及檢驗結果是正確的。

Name and Signature of Registered Professional Engineer ...........................................................

姓名及簽署

Qualification ...........................................................

資格

Discipline ...........................................................

界別

Name and address of person, company, or association by whom the person conducting the test and examination is employed.

備用執行此項測試及檢驗的人士、公司或機構的姓名及地址。

Date of issue ..........................................................

簽發日期

Any competent examiner who delivers to an owner a certificate or report which is to his knowledge false as to a material particular commits an offence and is liable on conviction to a fine of $200,000 and to imprisonment for 12 months.

任何合資格檢驗員，如向擁有人送交他自知有虛假要項的證明書或報告，即屬犯罪；一經定罪，可處罰款二十萬元及監禁十二個月。

SWP-F3-4
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Brief description of area/location/machinery/plant activity/task/area</th>
<th>Noise level</th>
<th>Daily exposure period</th>
<th>L_Aeq,T</th>
<th>LPeak</th>
<th>No. of employees exposed</th>
<th>Description of ear protector (if provided)</th>
<th>Description of demarcated ear protection zone (comment if not demarcated)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>L_Aeq,T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General comments:

Instrument used:

Date of last calibration:

Note: This report must be sent to Commissioner for Labour within 28 days of completing the assessment.
<table>
<thead>
<tr>
<th>註冊安全審核員姓名</th>
<th>聯絡電話號碼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Safety Auditor</td>
<td>Contact Telephone No.</td>
</tr>
<tr>
<td>聯絡地址</td>
<td></td>
</tr>
<tr>
<td>Contact Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>東主或承建商名稱</th>
<th>聯絡電話號碼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of proprietor/contractor</td>
<td>Contact Telephone No.</td>
</tr>
<tr>
<td>東主或承建商地址</td>
<td></td>
</tr>
<tr>
<td>Address of proprietor/contractor</td>
<td></td>
</tr>
<tr>
<td>業務性質</td>
<td></td>
</tr>
<tr>
<td>Nature of Business</td>
<td></td>
</tr>
<tr>
<td>進行安全審核的地點</td>
<td></td>
</tr>
<tr>
<td>Place of Conducting Safety Audit</td>
<td></td>
</tr>
<tr>
<td>開始進行審核的日期及時間</td>
<td></td>
</tr>
<tr>
<td>Date and Time of Commencement of Safety Audit</td>
<td></td>
</tr>
</tbody>
</table>

親愛的香港勞工處處長

To : The Commissioner for Labour, Hong Kong

標貫

致: 香港勞工處處長

To: The Commissioner for Labour, Hong Kong

<table>
<thead>
<tr>
<th>名字</th>
<th>電話</th>
</tr>
</thead>
<tbody>
<tr>
<td>姓名</td>
<td></td>
</tr>
<tr>
<td>地址</td>
<td></td>
</tr>
</tbody>
</table>

委任上述註冊安全審核員的東主或承建商的資料

Information of Proprietor or Contractor who has appointed the above Registered Safety Auditor

<table>
<thead>
<tr>
<th>地點</th>
<th>日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place</td>
<td>Date</td>
</tr>
</tbody>
</table>

註冊安全審核員簽名
Signature of Registered Safety Auditor

日期 Date

附註：有關註冊安全審核員須將此通知書於該安全審核開始進行前不少于十四天，呈交勞工處處長

Note: The registered safety auditor concerned shall give notice to the Commissioner for Labour not less than 14 days before the date of commencement of the safety audit
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA

BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

(Notification of Safety Audit)

Purpose of Collection
1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:

   (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
   (b) activities relating to checking compliance of legislative requirements and carrying on legal proceedings; and
   (c) carrying on research and compilation of statistical data.

Classes of Transferees
2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data
3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries
4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

   Divisional Occupational Safety Officer (HQ)
   Occupational Safety – Operations Division
   Occupational Safety and Health Branch
   Labour Department
   13/F., Harbour Building
   38 Pier Road, Central, Hong Kong
**FORM 4**

**FACTORIES AND INDUSTRIAL UNDERTAKINGS (SAFETY MANAGEMENT) REGULATION**

**APPOINTMENT OF SAFETY REVIEW OFFICER**

Approved form specified by the Commissioner for Labour for the purposes of section 19(1)(a) of the Factories and Industrial Undertakings (Safety Management) Regulation

<table>
<thead>
<tr>
<th>Name of Industrial Undertaking</th>
<th>Name of Proprietor/Contractor</th>
<th>Contact Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Safety Review Officer</th>
<th>Contact Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In accordance with the provisions of section 19 of the Factories and Industrial Undertakings (Safety Management) Regulation, the following safety review officer is hereby appointed to conduct safety reviews regularly in relation to the above industrial undertaking and submit the corresponding safety review report.

<table>
<thead>
<tr>
<th>Direct Employee</th>
<th>Yes / No</th>
<th>Contact Address (if not direct employee)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Authorized Signatory**

- **Name**: [Enter Name]
- **Post Title**: [Enter Post Title]
- **Date**: [Enter Date]

Note:

1. For the purpose of section 19(1)(b)(i) of the Factories and Industrial Undertakings (Safety Management) Regulation, the proprietor/contractor shall cause a copy of this appointment to be displayed in a conspicuous position at each place where the relevant industrial undertaking is carried on.

2. “Proprietor” includes the person for the time being having the management or control of the business carried on in the industrial undertaking and includes a body corporate and a firm and the occupier of the industrial undertaking and the agent of such occupier.

3. 請刪去不適用者 Delete if inapplicable

[SM-F4]
### Factories and Industrial Undertakings (Asbestos) Regulation

**Factories and Industrial Undertakings (Asbestos) Regulation**

**Health Register for Person Employed in Asbestos Work**

Form approved by the Commissioner for Labour for the purposes of section 17(3) of the Factories and Industrial Undertakings (Asbestos) Regulation

<table>
<thead>
<tr>
<th>Name of Industrial Undertaking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity card no.</th>
<th>身份證號碼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date on which the person first employed in asbestos work in the industrial undertaking</td>
<td>日期於首次從事石棉工作</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of registered medical practitioner conducting the examination</th>
<th>進行健康檢查的註冊醫生姓名</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name, signature and position of person making this entry</th>
<th>填寫此項的人的姓名、簽名及職位</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of making this entry</td>
<td>日期於此项入冊</td>
</tr>
</tbody>
</table>

### Note

(i) A separate health register shall be maintained for each person employed in asbestos work.
(ii) The certificate issued by the medical practitioner conducting the examination shall be attached to this health register.
(iii) Health register shall be kept for at least 5 years from the date of last entry in the register.
(iv) A copy of the health register shall be given to the person covered by it upon termination of his employment.
(v) A proprietor who fails to maintain health register for person employed in asbestos work in accordance with section 17(3) of the Factories and Industrial Undertakings (Asbestos) Regulation commits an offence and is liable to a fine at level 5.

ASF-F-HR
工廠及工業經營（石棉）規例
Factories and Industrial Undertakings (Asbestos) Regulation

通知 (i) 石棉工作
(ii) 改變已通知的石棉工作
Notification of (i) Asbestos Work
(ii) Change in Notified Asbestos Work

本表格乃由勞工處長就工廠及工業經營（石棉）規例第 6(4) 規例第 6(4)條的需要而認可
шен批准由勞工處長就工廠及工業經營（石棉）規例第 6(4) 規例第 6(4)條的需要而認可

第一部分 Part I

| (1) 工業經營名稱 | Name of industrial undertaking |
| (2) 註冊辦事處地址 | Address of registered office |
| (3) 業主經理姓名 | Name of proprietor/ Manager |
| (5) 工作場地地址 (如與 (2) 相同可省略) | Address of workplace (omit if same as (2)) |
| (4) 電話 Tel. No. | |
| (6) 電話 Tel. No. | |

第二部分 Part II

| (7) 工作場地負責人姓名 | Name of responsible person at workplace |
| (8) 職位 Position | (9) 電話 Tel. No. |
| (10) 石棉工作人數 | Number of asbestos workers |
| (11) 石棉工作性質 | Nature of asbestos work |
| (12) 石棉工作完工日期 | Date of completion of asbestos work |
| (13) 石棉工作性質 | Nature of asbestos work |
| (14) 石棉工作涉及的石棉物料 (註明物料含摻石棉或閃石棉石棉) | Type of asbestos containing material involved in asbestos work (indicate whether chrysotile or amphibole asbestos is present in the material) |

第三部分 Part III (if any particulars have been changed) 填入變更的細節

| (15) 開始進行石棉工作日期 | Date of commencement of asbestos work |
| (16) 石棉工作完工日期 | Date of completion of asbestos work |
| (17) 石棉工作性質 | Nature of asbestos work |
| (18) 石棉工作涉及的石棉物料 (註明物料含摻石棉或閃石棉石棉) | Type of asbestos containing material involved in asbestos work (indicate whether chrysotile or amphibole asbestos is present in the material) |

* 填入適當格內加上 "X"。

注意 (i) 任何工業經營的業主在開始進行石棉工作之前，應給予勞工處長不少于 28 天的書面通知。
(ii) 任何工業經營的業主在得知已通知石棉工作有所改變後，應在 7 天內將該改變通知勞工處長。
(iii) 任何業主不遵守工廠及工業經營（石棉）規例第 6(1) 或第 6(3) 條通知石棉工作或通知改變已通知的石棉工作，而屬犯法，可處第 3 級罰款。

Note (i) Notification of asbestos work shall be submitted to the Commissioner for Labour not less than 28 days before commencement of the asbestos work.
(ii) Notification of change in notified asbestos work shall be submitted to the Commissioner for Labour within 7 days after a proprietor becomes aware of the change.
(iii) A proprietor who fails to give notification of asbestos work or fails to give notification of change in notified asbestos work in accordance with sections 6(1) or 6(3) of the Factories and Industrial Undertakings (Asbestos) Regulation commits an offence and is liable to a fine at level 3.

簽名 Signature | 姓名 (正楷) Name in Block Letter | 職位 Position | 日期 Date

ASB-F-NOT
表格使用者指南

呈報石棉工作
(a) 根據工廠及工業經營(石棉)規例第6條的規定，本主須就下列工作在開始進行之前給予勞工處處長不少於28天通知：
   (i) 石棉塗層或石棉絕緣物工作；或
   (ii) 其他石棉工作，而在該石棉工作中暴露於石棉的程度會超逾措施水平。
(b) 凡石棉工作出現重要改變，本主須在獲悉該改變後7天內，將該改變通知勞工處處長。
(c) 有關通知須採用認可格式。

交回表格地點
填妥申請表格後，可
(a) 郵寄或交回香港中環統一碼頭道三十八號海港政府大樓十三樓勞工處職業安全及健康部或各分區辦事處；或
(b) 電子傳送至勞工處所設的電子郵件地址ldrgadmn@labour.gcn.gov.hk

有關資料
若要查詢有關職業安全及健康的事宜，請以下列方式聯絡本處職業安全及健康部:

電話 :2559 2297 (非正常辦公時間自動錄音)
電子傳真 :2915 1410
電子郵件 : ldrgadmn@labour.gcn.gov.hk

亦可查閱勞工處的互聯網頁內有關本處的服務資料，網址是www.info.gov.hk/labour。
Guide to Form Users

Notification of asbestos work
(a) A proprietor shall, in accordance with section 6 of the Factories and Industrial Undertakings (Asbestos) Regulation, notify the Commissioner for Labour not less than 28 days before he commences to undertake:
   (i) work with asbestos coating or asbestos insulation; or
   (ii) other type of asbestos work in which the extent of exposure is liable to exceed the action level.

(b) Where there is significant change in the particulars of the asbestos work after commencement, the proprietor shall notify the Commissioner for Labour of the change within 7 days.

(c) The notification shall be made in an approved form.

Place of Submission
You can submit the notification form either:
(a) by post or in person to Occupational Safety and Health Branch of Labour Department at 13/F., Harbour Building, 38 Pier Road, Central, Hong Kong or any branch offices; or
(b) by electronic transmission to the e-mail address of Labour Department at ldrgadmn@labour.gcn.gov.hk.

Useful Information
If you require advice on occupational safety and health matters, please contact the Occupational Safety and Health Branch of the Labour Department through:

    Telephone : 2559 2297(auto-recording after office hours)
    Fax       : 2915 1410
    E-mail    : ldrgadmn@labour.gcn.gov.hk

Information on the services offered by the Labour Department is also available in our Home Page in the internet at www.info.gov.hk/labour.
勞工處職業安全及健康部
收集個人資料之目的

(呈報石棉工作)

收集目的
1. 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途:
   (a) 有關執行工廠及工業經營條例、職業安全及健康條例及其他由勞工處執行的法例;
   (b) 有關職業病事故的調查及進行法律聆訊; 或
   (c) 將有關資料用作研究及統計分析。

資料轉移
2. 為了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人仕或機構(如政府部門、律師樓等)透露。

查閱個人資料
3. 根據個人資料(私隱)條例第18及22條及附表1保障原則第6原則的規定，你有權要求查閱及更正個人資料。要求查閱的權利包括要求獲得一份你所提供的個人資料複本。

查詢個人資料
4. 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人仕提出：
   勞工處職業安全及健康部
   職業安全 - 行動科
   分區職業安全主任(總部)
   香港中環統一碼頭道三十八號
   海港政府大樓十三樓
STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

(Notification of Asbestos Work)

Purpose of Collection
1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:

   (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
   (b) activities relating to checking compliance of legislative requirements and carrying on legal proceeding; and
   (c) carrying on research and compilation of statistical data.

Classes of Transferees
2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data
3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries
4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

   Divisional Occupational Safety Officer (HQ)
   Occupational Safety - Operations Division
   Occupational Safety and Health Branch
   Labour Department
   13/F., Harbour Building,
   38 Pier Road, Central, Hong Kong
Appendix II  OFFENCES AND PENALTIES

(a) Proprietor

(i) A proprietor of an industrial undertaking who fails to comply with the general duties provisions commits an offence and is liable to a fine as stated in the Regulations.

(ii) A proprietor of an industrial undertaking who fails to comply with the general duties provisions wilfully and without reasonable excuse commits an offence and is liable to a fine as stated in the Regulations and to imprisonment.

(b) Person Employed

(i) A person employed at an industrial undertaking who fails to comply with the general duties provisions commits an offence and is liable to a fine as stated in the Regulations.

(ii) A person employed at an industrial undertaking who wilfully and without reasonable excuse does anything while at work likely to endanger himself or other persons commits an offence and is liable to a fine of as stated in the Regulations and to imprisonment.