Status: This is the original version (as it was originally made).

SCHEDULE 14

AMENDMENTS AND REVOCATIONS

PART 1

AMENDMENTS

Offshore Installations and Pipeline Works (Management and Administration) Regulations (Northern Ireland) 1995

15. After Schedule 2 insert—

"SCHEDULE 3

Regulation 21B

FORM TO NOTIFY THE DEATH OR LOSS OF A PERSON PURSUANT TO REGULATION 21B

Form to be completed in respect of the death or loss of a person pursuant to regulation 21B of the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995

Part 1

| Name or other designation of offshore installation |
|---|
| 7. Cause of death or loss(<i>c</i>) |
| I certify that the particulars entered above are true to the best of my knowledge and belief: Signature of installation manager providing information |
| Name of installation manager furnishing information(b) |
| Status of signatory Date of signing |
| Part 2(d) |
| 8. Date of birth of deceased or person lost 9. Usual place of residence of deceased or person lost 10. Nationality of deceased or person lost 11. Name and address of next-of-kin 12. Relationship of next-of-kin |
| I certify that the particulars entered above are true to the best of my knowledge and belief: |
| Signature of duty holder furnishing information or person acting on behalf of duty holder |
| Name of duty holder furnishing information/on whose behalf information is furnished Status of signatory Date of signing |

Notes

(a) To be given by geographical co-ordinates.

(b) Forename(s) in full, followed by surname, all in block capitals.

(c) To be accompanied by the certificate of a registered medical practitioner who holds a licence to practise as to the cause of death or a statement of the reason why such a certificate is not available.

(d) This part of the form to be completed so far as the information available to the duty holder permits.