

1967. No. 45

[NC]

**OFFICE AND SHOP PREMISES****Forms**

ORDER, DATED 7TH MARCH 1967, MADE BY THE MINISTRY OF HEALTH AND SOCIAL SERVICES UNDER SECTIONS 29(2), 45(5) AND 47 OF THE OFFICE AND SHOP PREMISES ACT (NORTHERN IRELAND) 1966.

The Ministry of Health and Social Services in exercise of the powers conferred on it by sections 29(2), 45(5) and 47 of the Office and Shop Premises Act (Northern Ireland) 1966(a) (hereinafter referred to as "the Act") and of all other powers enabling it in that behalf, hereby makes the following Order:—

*Citation and commencement*

1. This Order may be cited as the Office and Shop Premises (Forms) Order (Northern Ireland) 1967 and shall come into operation on 1st April 1967, except Article 5 and Schedule 4 which shall come into operation on 1st July 1967.

*Application for fire certificate*

2. An application for the issue of a fire certificate under section 29(2) of the Act with respect to any premises to which the Act applies shall be in the form set out, and contain the particulars specified, in Schedule 1.

*Application for exemption*

3. An application for an exemption under section 45(5) of the Act of, or of a room in, any office or shop premises from a requirement imposed by a provision of the Act shall be in the form set out in Schedule 2.

*Certificate to accompany exemption application*

4. A certificate required under section 45(5) of the Act to accompany an application such as is mentioned in Article 3 shall be in the form set out in Schedule 3.

*Notice of accident*

5. A notice of an accident in any premises to which the Act applies required to be given under section 47(1) of the Act, shall be in the form set out, and contain the particulars specified, in Schedule 4.

Sealed with the Official Seal of the Ministry of Health and Social Services for Northern Ireland this 7th day of March 1967.

(L.S.)

S. H. O'Fee,  
Assistant Secretary.

SCHEDULE 1

Article 2  
FORM OSP 3

OFFICE AND SHOP PREMISES ACT (NORTHERN IRELAND) 1966

Application for Certificate as to means of escape in case of fire

Form prescribed by the Ministry of Health and Social Services  
for the purpose of section 29(2) of the Act

To the Secretary, Northern Ireland Fire Authority\*  
or Chief Officer, Belfast Fire Brigade\*  
or Secretary, Ministry of Health and Social Services\*

Dear Sir,

I hereby apply for a certificate as to means of escape in case of fire in respect of premises, details of which are given below.

Yours faithfully,

Signature of Occupier: \* .....  
or  
Owner\* .....

Address: .....

Telephone No. .... Date .....

To be completed by applicant:—

1. Postal address of building containing premises covered by this application. ....

2. Details of premises covered by Act:

Name(s) of Occupiers (including trading name, if different)	Floor No. (e.g. basement, ground, 1st, etc.)	Apartment or Room Nos. (where appropriate)	Greatest number of persons employed (or pro- posed to be employed) at any one time	Greatest number of other persons†
(a) .....	.....	.....	.....	.....
(b) .....	.....	.....	.....	.....
(c) .....	.....	.....	.....	.....
(d) .....	.....	.....	.....	.....
(e) .....	.....	.....	.....	.....
(f) .....	.....	.....	.....	.....

(Please continue on separate sheet if necessary)

3. If there is a factory in the building:

- (a) name of occupier: .....
- (b) greatest number of persons employed in factory at any one time: .....

\*Delete whichever is inapplicable.

†If more than twenty persons (other than those employed) are expected to resort to the premises at any one time, please give an approximate estimate of their maximum number.

- 4. Please state whether any of the persons in the premises mentioned at 2 are regularly employed:
  - (a) higher than the first floor of the building—YES/NO\*
  - (b) below the ground floor —YES/NO\*
- 5. Nature and approximate quantity of any explosive or highly flammable† materials which are used or stored in or underneath any of the premises covered by this application:

SCHEDULE 2

Article 3  
FORM OSP 5

OFFICE AND SHOP PREMISES ACT (NORTHERN IRELAND) 1966

Application for the grant or extension of an exemption

Form prescribed by the Ministry of Health and Social Services  
for the purpose of section 45 of the Act

Part I This part to be completed in all cases

- 1. (a) Name in full of the occupier or owner by whom, or on whose behalf, this application is made .....  
 (b) Interest in the property ..... Owner/Occupier  
 (Delete inapplicable word)  
 (c) (i) Address to which communications should be sent .....  
 (ii) Telephone number .....
- 2. Postal address of the building containing the premises in respect of which you are seeking exemption .....
- 3. State here all premises in the building in respect of which you are seeking exemption in this application:

	<i>Name(s) of Occupiers (including trading name, if different)</i>	<i>Floor No. (e.g. basement, ground, 1st, etc.)</i>	<i>Apartment or Room Nos. (if any)</i>	<i>Nature of Business Carried on by Occupier</i>
(a) .....	.....	.....	.....	.....
(b) .....	.....	.....	.....	.....
(c) .....	.....	.....	.....	.....
(d) .....	.....	.....	.....	.....
(e) .....	.....	.....	.....	.....
(f) .....	.....	.....	.....	.....

\*Delete whichever is inapplicable.

†The term "highly flammable", should be interpreted for the purpose of this form as including any material which may greatly increase the speed at which a fire will spread in a building and hence affect the means of escape from that building. The answer should not be restricted to such materials as the Ministry may prescribe by regulations under section 29(1) of the Act.

4. Are you seeking exemption from the requirements of:  
 section 5(2) (Minimum space standard) . . . . . Yes/No  
 section 6 (Maintenance of a reasonable temperature) . . . . . Yes/No  
 section 9 (Provision of sanitary conveniences) . . . . . Yes/No  
 section 10(1) (Provision of running water for washing) . . . . . Yes/No
5. Have you previously been granted any certificate of exemption under section 45 in respect of any premises to which this application relates? . . . . . Yes/No
6. If the answer to Question 5 is YES, give particulars of all certificates, stating in each case (a) the premises exempted and the requirement or requirements from which exemption was granted, (b) whether the exemption was in respect of the whole premises or a room or rooms only, and (c) the period for which exemption was granted.

**Part II This Part to be completed only where exemption is sought from a requirement of section 5(2) (Minimum space standard)**

7. Are you seeking exemption in respect of all rooms on the premises where employees affected by the Act usually work? . . . . . Yes/No
8. If the answer to Question 7 is NO, state for what rooms exemption is sought, identifying them and giving their description (e.g. general office, typing room).
9. Explain fully why it is not at present reasonably practicable to comply with the space standard, and what steps you are taking so as to comply in the future.
10. For what period are you seeking exemption?

**Part III This Part to be completed only where exemption is sought from a requirement of section 6 (Temperature)**

11. Are you seeking exemption in respect of all rooms on the premises where employees affected by the Act usually work? . . . . . Yes/No
12. If the answer to Question 11 is NO, state for what rooms exemption is sought, identifying them and giving a brief description (e.g. general office, typing room).
13. From which requirement or requirements of section 6, are you seeking exemption?
14. Explain fully why it is not at present reasonably practicable to comply with the temperature standard and what steps you are taking to comply with it in the future.
15. For what period are you seeking exemption?

**Part IV This Part to be completed only where exemption is sought from a requirement of section 9 (Sanitary conveniences)**

16. From which requirement or requirements of section 9 are you seeking exemption?
17. Explain fully why it is not at present reasonably practicable to comply with the standard either by making your own provision or by making arrangements for employees to use conveniences provided for others.
18. For what period are you seeking exemption?

**Part V This Part to be completed only where exemption is sought from a requirement of section 10(1) concerning running water**

- 19. Describe the washing facilities provided or to be provided (or washing facilities provided for the use of others which are to be made available) for persons employed at the premises in respect of which exemption is sought.
- 20. Explain fully why it is not at present reasonably practicable to supply running water (either hot and cold, or warm) for use with the above mentioned washing facilities, and what steps, if any, you are taking to secure a supply in the future.
- 21. For what period are you seeking exemption?

**Part VI To be completed in all cases**

- 22. Are you submitting an application for exemption to another enforcing authority for any premises in the building? Yes/No
- 23. If the answer to Question 22 is YES, state the authority concerned.

I hereby apply as/on behalf of,\* the occupier/owner\* of the premises with which this application is concerned, for the grant/extension\* of an exemption under section 45 of the Office and Shop Premises Act (Northern Ireland) 1966, in respect of those premises, from the provisions of the Act specified in this application, and hereby declare that, to the best of my knowledge and belief, the information set out therein is true and complete.

Signature .....

Date .....

Position .....

\*Delete as appropriate.

**SCHEDULE 3**

*Article 4*

**OFFICE AND SHOP PREMISES ACT (NORTHERN IRELAND) 1966**

**Certificate in form prescribed by the Ministry of Health and Social Services that a notice has been posted concerning an exemption application under section 45 of the Act**

I hereby certify that

- 1. A notice concerning the accompanying application was on the ..... day of ..... 19...., posted
  - \*in the premises to which it relates.
  - \*in a common part of the building in which are situated the premises to which it relates.
  - \*Delete as appropriate.
- 2. The notice has been placed in such a position, and is in such characters, that it can easily be seen and read by the persons employed to work in the premises.
- 3. The notice contains the following information:
  - (i) A statement that the application is being made.
  - (ii) A statement of the requirement or requirements of the Act from which exemption is sought in the accompanying application.
  - (iii) The period for which exemption is sought.
  - (iv) The name and address of the authority to which application is being made.
  - (v) A statement that written representations with respect to the application may be made to that authority, by any person employed to work in premises to which the application relates, within a period of fourteen days following the day on which the notice was posted.

Signature .....

Date .....

Position .....

SCHEDULE 4

Article 5  
FORM OSP 2

OFFICE AND SHOP PREMISES ACT (NORTHERN IRELAND) 1966

Notice of accident

Form prescribed by the Ministry of Health and Social Services  
for the purpose of section 47 of the Act

1. OCCUPIER OF PREMISES

(a) Name .....

Address .....

Nature of business .....

(b) Actual Employer Name .....  
of injured person  
if other than above Address .....

2. INJURED PERSON

(a) Full Name (Surname first) Mr./Mrs./Miss .....

(b) Age ..... Occupation .....

(c) Address .....

3. PLACE WHERE ACCIDENT HAPPENED

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

(b) Exact location (e.g. staircase to office; canteen storeroom; shop counter)  
.....

4. ACCIDENT

(a) Date ..... Time .....

(b) Full details of how the accident happened and what injured person was  
doing. If a fall of person or materials, plant, etc., state height of fall  
(if necessary continue overleaf).  
.....  
.....  
.....

(c) If due to machinery, state:—

(i) Name and type of machine .....

(ii) What part of the machine caused the accident? .....

(iii) Was the machine in motion by mechanical power at the time? .....

5. INJURIES AND DISABLEMENT

(a) Whether fatal or non-fatal .....

(b) Nature and extent of injury (e.g. fracture of leg, laceration of arm, scalded  
foot, scratch on hand followed by sepsis) .....

Signature of Occupier or Agent .....

Date .....

## EXPLANATORY NOTE

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

This Order prescribes, for the purposes of the Office and Shop Premises Act (Northern Ireland) 1966, the following forms, namely—

- (a) a form of application for the issue of a fire certificate under section 29 of the said Act with respect to premises to which the Act applies;
- (b) a form of application for an exemption under section 45 of the said Act of, or of a room in, any office or shop premises;
- (c) a form of certificate required under section 45(5) of the said Act to accompany an application for an exemption under section 45 of the said Act; and
- (d) a form of notice of an accident in any office or shop premises required to be given under section 47 of the said Act.

1967. No. 46

[NC]

## OFFICE AND SHOP PREMISES

## Annual Reports

ORDER, DATED 7TH MARCH 1967, MADE BY THE MINISTRY OF HEALTH AND SOCIAL SERVICES UNDER SECTION 57(1) OF THE OFFICE AND SHOP PREMISES ACT (NORTHERN IRELAND) 1966.

The Ministry of Health and Social Services in exercise of the powers conferred on it by section 57(1) of the Office and Shop Premises Act (Northern Ireland) 1966(a) (hereinafter referred to as "the Act") and of all other powers enabling it in that behalf, hereby makes the following Order:—

1. This Order may be cited as the Office and Shop Premises (Annual Reports) Order (Northern Ireland) 1967 and shall come into operation on 1st April 1967.

2. Every annual report made to the Ministry of Health and Social Services in pursuance of section 57(1) of the Act—

- (a) in the case of a report made by a health authority, shall contain particulars with respect to the matters arising under the Act which are specified in Schedule 1, and
- (b) in the case of a report made by a fire authority, shall contain particulars with respect to the matters arising under the Act which are specified in Schedule 2.

Sealed with the Official Seal of the Ministry of Health and Social Services for Northern Ireland this 7th day of March 1967.

(L.S.)

S. H. O'Fee,  
Assistant Secretary.