

1964 No. 888

**FACTORIES**

**The Construction (Notice of Accident, etc.) Order 1964**

Made - - - - - 17th June 1964

Coming into Operation 24th June 1964

The Minister of Labour by virtue of the powers conferred on him by section 80 of the Factories Act 1961(a), as extended by the Dangerous Occurrences (Notification) Regulations 1947(b), and of all other powers enabling him in that behalf, hereby makes the following Order:—

1.—(1) This Order may be cited as the Construction (Notice of Accident, etc.) Order 1964 and shall come into operation on 24th June 1964.

(2) The Construction (Notice of Accident, etc.) Order 1962(c) is hereby revoked.

2. The Interpretation Act 1889(d) shall apply to the interpretation of this Order as it applies to the interpretation of an Act of Parliament, and as if this Order and the Order hereby revoked were Acts of Parliament.

3. Written notice of an accident to be given under section 80 of the Factories Act 1961, or of an occurrence of one of the classes to which the said Dangerous Occurrences (Notification) Regulations 1947 apply, shall, in respect of an accident or occurrence in the carrying on of a building operation or work of engineering construction, be in the form set out in the Schedule to this Order and shall contain the particulars therein specified.

Dated 17th June 1964.

*Joseph Godber,*  
Minister of Labour.

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(a) 9 & 10 Eliz. 2. c. 34. (b) S.R. & O. 1947/31 (Rev. VII, p. 480: 1947 I, p. 719).  
(c) S.I. 1962/272 (1962 I, p. 260). (d) 52 & 53 Vict. c. 63.

SCHEDULE

Article 3

F. 43B

**FACTORIES ACT 1961, section 80**  
(as extended by S.R. & O. 1947 No. 31)

**FOR OFFICIAL USE**

District and date of receipt.

Prescribed form of written notice of

**ACCIDENT OR DANGEROUS OCCURRENCE**  
occurring in the carrying on of a Building  
Operation or Work of Engineering Construction

1 (a) Person (or company or firm) undertaking Building Operation or Work of Engineering Construction:

Name

Registered office or address

(b) Actual employer of injured person (if other than above):

Name

Address

(c) Trade of actual employer of injured person (*tick item which applies*):

- Asphalt/tar sprayers .....
- Builders (General) .....
- Building and civil engineering contractors .....
- Civil engineering contractors .....
- Constructional engineers .....
- Demolition contractors .....
- Other trade (*specify*) .....

- Electrical contractors .....
- Flooring contractors .....
- Glaziers .....
- Heating and ventilation contractors .....
- Joiners and carpenters .....
- Painters and decorators .....
- Plant hiring contractors .....
- Plasterers .....
- Plumbers .....
- Reinforced concrete contractors .....
- Roofers .....
- Scaffolding contractors .....

M.R. Group

Ref. to

M. of T., etc.

1. Serial No.

2. M.W.B.G.

3. Age Group

4. F., N.F., D.O.

4(a).

4(b).

2 SITE where accident or dangerous occurrence happened:

- (a) Address (and telephone number) of site
- (b) Exact place on site

3 NATURE OF WORK carried on at:

- (a) Building Operations (*tick items which apply*)

- (i) Construction ..... of { (iv) Industrial building.....
- (ii) Maintenance ..... of { (v) Commercial or public building.....
- (iii) Demolition..... of { (vi) Dwellings over 3 storeys.....
- { (vii) Dwellings of 3 storeys or less.....
- { (viii) Other .....

- (b) Work of Engineering Construction (*specify type*)

4 INJURED PERSON

- (a) Full name (*surname first*)
- (b) Address
- (c) Occupation (*tick item which applies*):

Bricklayer	Carpenter/Joiner	Painter	Plasterer	Plumber	Scaffolder
Steel erector	Demolition worker	Steeplejack	Slater/Tiler/Other roofing worker		
Labourer ( <i>specify trade where labourer worked for a tradesman</i> )					
Other occupation ( <i>specify</i> )					

3

Note: *Semi-skilled men or apprentices should be classified under the appropriate occupation.*

5 ACCIDENT or DANGEROUS OCCURRENCE

- (a) Date..... Time.....
- (b) Full details of how the accident or dangerous occurrence happened. If a fall of person or materials, plant, etc., state height of fall. (*If necessary continue overleaf.*)

5. Process

6. S.I.C.

7(a). Causation

7(b).

7(c).

7(d).

7(e).

7(f).

7(g).

7(h).

7(i).

7(k).

7(l).

8. Occupation

- (c) State exactly what injured person was doing at the time.
- (d) If machinery was involved, state:
  - (i) Name and type of machine concerned (inc. cranes)
  - (ii) Part of machine involved
  - (iii) Whether in motion by mechanical power at the time

**6 INJURIES AND DISABLEMENT**

- (a) Nature and extent of injury (e.g., fracture of leg, laceration of arm, scalded foot, scratch on hand followed by sepsis).
- (b) Was injured person disabled for more than three days from earning full wages at the work at which he was employed ?
- (c) Was the accident fatal ?

- 7 Has accident (or dangerous occurrence) been entered in the General Register ?

Signature of Contractor, Employer, or Agent

Date

9. Injury Nature	Site
10. Trade of employer	
11.	
12.	
13.	

## EXPLANATORY NOTE

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

This Order prescribes the form of written notice of an accident or dangerous occurrence required to be sent to the factory inspector for the district in cases where the accident or dangerous occurrence happens in the course of building operations or works of engineering construction.

The form prescribed by this Order is in substitution for that prescribed for such cases by the Construction (Notice of Accident, etc.) Order 1962, which is revoked.

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STATUTORY INSTRUMENTS

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**The Construction (Notice of Accident, etc.) Order 1964**

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