

The certificate overleaf is issued subject to the following conditions –

- (a) that adequate transportation is available for transporting employees to their place of work, and to their homes within a reasonable time after work;
- (b) that the employer has provided proper rest room facilities and facilities for eating meals at the place of employment and;
- (c) that adequate intervals for rest and mealtime are afforded those employees.



GOVERNMENT OF BARBADOS

LABOUR DEPARTMENT

2nd FLOOR EAST, WARRENS OFFICE COMPLEX, WARRENS, ST. MICHAEL

List of Items for First Aid Boxes/Kits

Item	Quantity
Cotton wool	1 roll
Lint	1 roll
Gauze	1 roll
Gauze (sterile)	3 packets
Bandages (cotton)	1", 2", 3" and 6" wide
Bandages (crepe)	1", 2", 3" and 6" wide
Bandages (elastic adhesive)	1" and 2" wide
Bandages (non-elastic adhesive)	1" and 2" wide
Triangular bandage	1 40"x40"x56"
Plasters (individually wrapped)	1 box
Slings	2
Medical adhesive tape	1 roll
Steri-strips	1 box
Kidney dishes (stainless steel)	2
Gallipot (stainless steel)	Various sizes
Scissors	1
Antiseptic Solution (one from)	
Savlon	1 bottle
Betadine (1% iodine)	1 bottle
Bleach*	1 bottle
Safety pins	
Matches	1 box
Torchlight	1
Toilet soap	1 cake
Paper towels	1 roll
Disposable latex gloves	1 box
Hand Sanitiser (> 60 v/v% alcohol)	1 bottle

(* dilution 1 part bleach to 9 parts water used to mop up spills- blood and other body fluids- and clean instruments)

Please note however, that this is a standard list and other items may need to be included depending on the specific nature of work being carried on in the workplace. For example, in factories where chemicals are used, particular attention should be paid to the manufacturer's advice on the precautions to be taken when handling the material and the recommended antidotes stocked in the First Aid Kit in reasonable quantities.

**LABOUR DEPARTMENT
BARBADOS**

CONSTRUCTION SITE INSPECTION REPORT

DATE			
------	--	--	--

CONSTRUCTION SITE (NAME)	
LOCATION	
PRINCIPAL CONTRACTOR	NATURE OF WORKS
PERSON INTERVIEWED	POST
EMPLOYMENT PARTICULARS	
SAFETY SUPERVISOR	

NO. OF EMPLOYEES AT TIME OF INSPECTION							NO. OF HOURS WORKED				
18 YRS & OVER		UNDER 18		TOTAL				REGULAR TIME		OVERTIME	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	TOTAL		DAILY	WEEKLY	DAILY	WEEKLY
							M				
							F				

SAFETY, HEALTH AND WELFARE

	PROVISIONS	AD.	INAD.	NONE	REMARKS
ENTRANCE (SITE)					
Open Inward..... <input type="checkbox"/>	Fire Protection				
Open Outwards..... <input type="checkbox"/>	Ventilation				
Clear Entrance..... <input type="checkbox"/>	Lighting				
Obstructed Entrance..... <input type="checkbox"/>	Rest Room				
HOUSEKEEPING (SITE)	Lunch Room				
Good..... <input type="checkbox"/>	Drinking Water				
Fair..... <input type="checkbox"/>	First Aid Equipment				
Poor..... <input type="checkbox"/>	Access/Egress				
LAYOUT (SITE)	Scaffolding				
Good..... <input type="checkbox"/>	Ladders				
Fair..... <input type="checkbox"/>	Roof Work				
Poor..... <input type="checkbox"/>	Excavation				
TRAINED FIRST-AIDES	Edge Protection				
Yes..... <input type="checkbox"/>	Fall Protection				
No..... <input type="checkbox"/>	CHANGING FACILITIES				
PERSONNEL PROTECTIVE EQUIPMENT	Male				
	Female				
		Male	Female	None	Remarks
Yes <input type="checkbox"/> Provided <input type="checkbox"/> Used <input type="checkbox"/> Suitable <input type="checkbox"/>	Sanitary Conveniences				
No <input type="checkbox"/> Provided <input type="checkbox"/> Used <input type="checkbox"/> Suitable <input type="checkbox"/>	Urinals				
	Wash Basins				
	Shower Baths				

NOTICE OF OCCUPATION OF FACTORY

(1) NAME OF OCCUPIER OR TITLE OF FIRM						
(2) NAME AND ADDRESS OF OWNER OF PREMISES						
(3) POSTAL ADDRESS OF FACTORY						
(4) NATURE OF WORK OR PROCESS(ES) (5)						
(6) PROPOSED DATE OF COMMENCEMENT OF OPERATION						
(7) TYPE OF MACHINERY USED						
(8) NUMBER OF AIR RECEIVERS AND STEAM BOILERS IN USE						
(9) NUMBER OF PERSONS EMPLOYED	Male		Female		Total	
(10) MATERIALS OR CHEMICALS USED						
(11) TYPE OF LIFTING EQUIPMENT						
(12) HAVE YOU APPLIED FOR A FIRE SAFETY CERTIFICATE						
(13) SIGNATURE OF APPLICANT					Date	
DO NOT WRITE BELOW THIS LINE						
(14) DATE NOTICE RECEIVED						
(15) DATE OF INSPECTION OF PREMISES	Name of Inspector				Date	
(16) PERMISSION TO OPERATE	Granted	Refused	Reasons			
(17) DOCUMENTS PRESENTED	Flow Chart of Manufacturing Process		Plan of Factory and Environs		Building Plan and Elevations	
	YES	NO	YES	NO	YES	NO

If you are occupying a factory for the first time or if you have extended your factory, the Chief Labour Officer may require the following additional information:

- (a) A flow chart of the manufacturing process.
- (b) The plans in duplicate showing
 - (i) Factory site and its immediate surroundings.
 - (ii) The plan, elevations and necessary cross sections of the various buildings showing details of lighting ventilation, means of escape in case of fire, sanitary and welfare facilities, position of plant and machinery and aisles and passage ways.

The Chief Labour Officer
Labour Department
2nd Floor East Warrens Office Complex
Warrens
St. Michael

Dear Sir,

NOTIFICATION OF CONSTRUCTION WORK

This is to inform you that.....
of
is undertaking the following works and is hereby notifying you in accordance with section 85(1) of the Safety and Health at Work Act, Chapter 356 of the Laws of Barbados of these works.

Location of Works:

Nature of Works (a brief description of the project to include: any work that will be done at heights; excavation; work over water; demolition and any other works of engineering construction):
.....
.....
.....

Approximate number of persons to be employed:

Commencement date:

Estimated completion date:

For whom work is undertaken:

(Name)

Address of Client:

Lifting equipment to be used (e.g. cranes, hoist):

Pressure vessel to be used (e.g. Air compressors):

Other machinery to be used:

Have you appointed responsibility for occupational safety and health to a specific person? Yes No

Contact Details of the person responsible for OSH:

Name:

Telephone number:

.....
Signature of Contractor

**LABOUR DEPARTMENT
INSPECTION OF QUARRIES**

LOCATION:	USED	DISUSED
-----------	------	---------

DATE OF REGISTRATION: <div style="text-align: right; margin-right: 20px;">No.</div>	DATE OF LICENCE: <div style="text-align: right; margin-right: 20px;">No.</div>
--	---

OWNER:

OWNER'S ADDRESS:

OCCUPIER:	PRODUCT:
-----------	----------

OCCUPIER'S ADDRESS:

ITEM	SAFE	NOT SAFE	REMARKS
Overhanging roof - protection			
Overhanging parts - protection			
Fencing			
Danger notice			
Machinery/Plant - Protection			
Warning system (blasting)			
Access/Egress			
Safety equipment (helmets etc.)			
Bad weather shelter			
Drinking water			
First Aid Kit			
Washing-up facilities			
Privy accommodation			
Lunch Room facilities			

NO. OF EMPLOYEES	NO. INSURED	RATES OF PAY	HOURS OF WORK
------------------	-------------	--------------	---------------

COMMENTS:

ACTION TAKEN:

Signature of Inspector:	Date and time of inspection:
-------------------------	------------------------------

GOVERNMENT OF BARBADOS
LABOUR DEPARTMENT
Cap 356: Safety and Health at Work Act 2005- 12
WORKPLACE INSPECTION REPORT

DATE	yy	mm	dd
------	----	----	----

NAME OF WORKPLACE:						FACTORY		NON-FACTORY		
ADDRESS:						TEL: NO				
PROCESSES/PRODUCTS:						LOCATION OF WORKS:				
PERSON INTERVIEWED:						POST				
EMPLOYMENT PARTICULARS						No of Hours				
SHIFTS		NO. OF EMPLOYEES ON SHIFT				Total Employees on Shift	Reg. Time	Over- Time	REMARKS	
		18 YRS & OLDER		UNDER 18 YRS						
START	END	M	F	M	F					
TOTAL										

SAFETY MANAGEMENT

	YES	NO	REMARKS
Safety Health & Welfare Policy			
Other Policies/Programmes			
Safety Committee/ Safety Delegate			
General Register			
Assessment of Risk			
Ergonomic Assessment			
Safety Supervisor			

SAFETY, HEALTH AND WELFARE

	PROVISIONS	AD.	INAD.	NONE	REMARKS
MEANS OF ENTRY Open Inward <input type="checkbox"/> Outwards <input type="checkbox"/>	Access/Egress				
Other	Floors, Passages, Steps, Stairways				
ENTRANCE Clear <input type="checkbox"/> Obstructed <input type="checkbox"/>	Emergency Exits				
HOUSEKEEPING Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Emergency Warning & Procedures				
LAYOUT (Physical/Overcrowding) Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Fire Protection				
TRAINED FIRST-AIDERS Yes <input type="checkbox"/> No <input type="checkbox"/> AD. <input type="checkbox"/> INAD. <input type="checkbox"/>	Ventilation				
FIRST AID SUPPLIES Yes <input type="checkbox"/> No <input type="checkbox"/> AD. <input type="checkbox"/> INAD. <input type="checkbox"/>	Temperature				
TRAINING IN THE USE OF FIRE-FIGHTING APPARATUS Yes <input type="checkbox"/> No <input type="checkbox"/> AD. <input type="checkbox"/> INAD. <input type="checkbox"/>	Manual Handling				
	Lighting				
	Noise/Vibration				
	Machinery Guarding				
	Chemical Storage				
	Electrical Safety				
	Drinking Water				
	Training and Supervision of Persons				

				HEALTH AND WELFARE FACILITIES		
				Number of		Remarks
				Male	Female	
PERSONAL PROTECTIVE EQUIPMENT Available Used Suitable YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Comments:	Sanitary Conveniences					
	Wash Basins					
	Shower Facilities					
	Urinals					
				AD	INAD	
	Changing Facilities					
	Storage of Personal Effects					
	Hand Washing Supplies					
	Sanitary Bins:					
	LUNCH ROOM Yes <input type="checkbox"/> No <input type="checkbox"/> AD. <input type="checkbox"/> INAD. <input type="checkbox"/> Comments:					
REST ROOM Yes <input type="checkbox"/> No <input type="checkbox"/> AD. <input type="checkbox"/> INAD. <input type="checkbox"/> Comments:						

EXAMINATION AND TESTING OF MACHINERY AND EQUIPMENT

Air Receiver (AR), Crane (CR), Lifting Machine (LM), Hoist or Lift (HL), Passenger Lift (PL), Boiler/ Steam Receiver (B/SR) Lifting Tackle (LT)

TYPE	ID. NUMBER	DESCRIPTION	DATE OF LAST CERTIFICATION	REMARKS

GENERAL REMARKS AND RECOMMENDATIONS:

.....

.....

.....

.....

.....

.....

.....

.....

.....

INSPECTOR'S NAME:

INSPECTOR'S SIGNATURE:

DATE.....
yy/mm/dd