

- (v) the claim of any party is admitted in whole or in part ;
- (b) every member of a District Court shall have power to make any order in any action not disposing of the action on its merits.”

13th September, 1957.

J. F. SYMONS,
Acting Administrative Secretary.

No. 23 OF 1957.

A LAW TO AMEND THE ACCIDENTS AND OCCUPATIONAL DISEASES (NOTIFICATION) LAW, 1953. 32 of 1953

JOHN HARDING,]
Governor.

[13th September, 1957.

BE it enacted by His Excellency the Governor and Commander-in-Chief of the Colony of Cyprus as follows :—

1. This Law may be cited as the Accidents and Occupational Diseases (Notification) (Amendment) Law, 1957, and shall be read as one with the Accidents and Occupational Diseases (Notification) Law, 1953 (hereinafter referred to as “ the principal Law ”), and the principal Law and this Law may together be cited as the Accidents and Occupational Diseases (Notification) Laws, 1953 and 1957. Short title
32 of 1953

Amendment of section 9 of the principal Law.

2. Paragraph (a) of sub-section (2) of section 9 of the principal Law is hereby amended by the substitution for the words "First Schedule" (line 1) of the words "First or Second Schedule".

Repeal of Second Schedule to principal Law and substitution of new Schedule.

3. The Second Schedule to the principal Law is hereby repealed and the following Schedule substituted therefor :—

"SECOND SCHEDULE.

(Section 3).

The Accidents and Occupational Diseases (Notification) Laws, 1953 and 1957.

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE.

Notice of Accident or Dangerous Occurrence, to be sent (immediately on the accident or dangerous occurrence becoming reportable) to District Labour Officer.

Note.—If the accident is fatal immediate intimation to District Labour Officer by telegram or telephone is desirable.

(For official use).

Geographical Index.

Date of Receipt.

(a) Accident No.

(b) Other particulars, e.g. Fatal, Dangerous Occurrence, further action.

(c) Industry No.

(d) Causation Classification No. (with additional particulars, if any) Form Lab/37.

CENTRAL OFFICE RECORD.

1. Employer :

Name

Address

Industry

2. Premises where accident or dangerous occurrence happened :—

(i) Address of Department, Branch or Site.....

(ii) Exact place

(iii) Nature of work carried on therein (if Building Operation, state whether construction, maintenance or demolition).....

3. Injured Person—

(a) Full Name

(Surname first)

(b) Sex..... Age.....

Occupation.....

(c) Address

