EXPLANATORY NOTE

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

This Order prescribes the form of report of thorough examinations of excavations, shafts, earthworks and tunnels, and of cofferdams and caissons which examinations are required by the Construction (General Provisions) Regulations (Northern Ireland) 1963.

1963. No. 130 **[NC]**

FACTORIES

Construction (Lifting Operations)—Prescribed Particulars

ORDER, DATED 28TH JUNE 1963, MADE BY THE MINISTRY OF LABOUR AND NATIONAL INSURANCE UNDER THE CONSTRUCTION (LIFTING OPERATIONS) REGULATIONS (NORTHERN IRELAND) 1963.

The Ministry of Labour and National Insurance for Northern Ireland in pursuance of Regulations 28(6), 40, 41 and 46(2) of the Construction (Lifting Operations) Regulations (Northern Ireland) 1963(a) (hereafter in this Order referred to as "the Regulations") hereby makes the following Order:

Citation and commencement

1. This Order may be cited as the Construction (Lifting Operations) Prescribed Particulars Order (Northern Ireland) 1963, and shall come into operation on the 2nd day of September 1963.

Cranes etc.

2.—(1) A report of the results of every test and thorough examination—

(*a*) made in pursuance of paragraph (1) of Regulation 28 of the Regulations of a crane, or

(*b*) made in pursuance of paragraph (2) of that Regulation of a crane after any substantial alteration or repair affecting its strength or stability,

shall contain the particulars of the results of the test and examination specified in Part I of the Schedule to this Order.

(2) A report of the results of the test and thorough examination—

(*a*) made in pursuance of paragraph (1) of Regulation 28 of the Regulations—

(i) of a crab or winch, or

(ii) of a pulley block, gin wheel or sheer legs to be used in the raising or lowering of any load weighing one ton or more, or

(*b*) made in pursuance of paragraph (2) of that Regulation—

(i) of a crab or winch after any substantial alteration or repair affecting its strength or stability, or

(a) S.R. & O. (N.I.) 1963, No. 86.

(ii) of a pulley block, gin wheel or sheer legs which after any substantial alteration or repair, is to be used in the raising or lowering of any load weighing one ton or more,

shall contain the particulars of the results of the test and examination specified in Part II of the Schedule to this Order.

Lifting appliances

3. A report of the results of every thorough examination made in pursuance of paragraph (3) of Regulation 28 of the Regulations of a lifting appliance shall contain the particulars of the results of the examination specified in Part III of the Schedule to this Order.

Chains, ropes and lifting gear

4. A report of the results of every thorough examination made in pursuance of Regulation 40 of the Regulations of a chain, rope or lifting gear shall contain the particulars of the results of the examination specified in Part IV of the Schedule to this Order.

Annealing of chains and lifting gear

5. A report of every annealing or appropriate heat treatment carried out in pursuance of Regulation 41 of the Regulations of a chain or lifting gear of a kind to which the said Regulation 41 applies shall contain the particulars of the annealing or appropriate heat treatment specified in Part V of the Schedule to this Order.

Hoists

6. A report of the results of every thorough examination made in pursuance of sub-paragraph (*c*) of paragraph (1) of Regulation 46 of the Regulations of a hoist shall contain the particulars of the results of the examination specified in Part VI of the Schedule to this Order.

Sealed with the Official Seal of the Ministry of Labour and National Insurance for Northern Ireland this 28th day of June, nineteen hundred and sixty-three.

(L.S.)

W. Slinger,
Assistant Secretary.

SCHEDULE Article 2(1)

PART I Form N.I.96

Particulars to be contained in the report of the results of every test and thorough examination made in pursuance of paragraph (1) or (2) of Regulation 28 of a crane

1. Name and address of owner of crane	
2. Name and address of maker of crane	
3. Type of crane and nature of power (e.g., Scotch derrick-manual; Tower derrick-electric; Rail mounted tower-electric)	
4. Date of manufacture of crane	
5. Identification number (*a*) Maker's serial number	
(*b*) Owner's distinguishing mark or number (if any)	
6. Make and type of automatic safe load indicator, if required (See Regulation 30)	
7. Make and type of derricking interlock, if required (See Regulation 22)	
8. Date of last previous test of crane	
9. Date of last previous thorough examination of crane	

10. Safe working load or loads

In the case of a crane with a variable operating radius (including a crane with a derricking jib or with interchangeable jibs of different lengths) the safe working load at various radii of the jib, jibs, trolley or crab must be given. Test loads at various radii should be given in column (iii) and in the case of a safe working load which has been calculated without the application of a test load "NIL" should be entered in that column.

(i) Length of Jib (feet)	(ii) Radius (feet)	(iii) Test Load (tons)	(iv) Safe Working Load (tons)

11. In the case of a crane with a derricking jib or jibs the maximum radius at which the jib or jibs may be worked (in feet)

12. Defects noted and alterations or repairs required before crane is put into service. (If none, enter "None")

I hereby certify that the crane described in this Certificate was tested and thoroughly examined on and that the above particulars are correct.

Signature Qualification

Name and address of person, company or association by whom the person conducting the test and examination is employed

Date of Certificate

Article 2(2)

PART II Form N.I.80

Particulars to be contained in the report of the results of every test and thorough examination made in pursuance of paragraph (1) or (2) of Regulation 28 of a crab, winch, pulley block, gin wheel or sheer legs

Owner's Name and Address:

Description of appliance(s) type and distinguishing mark	Test load applied (tons)	Safe working load (tons)	Defects noted, alterations or repairs required. (If none, enter "None")

I hereby certify that on.....the appliances described in this Certificate were tested and thoroughly examined and that the above particulars are correct.

Signature

Qualification

Person or Firm by whom the person conducting the test and examination is employed

Date of Certificate.....