

### CONCLUSION & RECOMMENDATIONS

#### 5.1. Conclusion

First objective of the research was to identify the economic activities that are not covered by Factories Ordinance No. 45 of 1942 although compensatory accidents are occurring in them. Data analysis reveals that 27% of compensatory accidents are from economic activities that are not covered by the current OSH legislation. This is an indication that about one fourth of economic activities are left behind by the legislation. Under this situation the employees in these economic activities are not getting attention with regard to OSH in their employment.

When accidents that have occurred in economic activities that are not covered by law are further analyzed, it is observed that 53% of them are from two economic activities namely tea plantation and transport. Further, when figures in Table 3 are considered it can be seen that 11% of accidents that have occurred in tea plantation are fatal accidents and in transport it is about 40%. This is an indication of the severity of accidents occurring in these economic activities. Hence, immediate attention is required for expanding the legal framework in the country to cover all economic activities.

Second objective of the research was to estimate the rate of underreporting of occupational accidents based on the accidents reported to the Commissioner for Workmen's Compensation. Results of the data analysis indicate that the rate of underreporting is 62.50%. This indicates that underreporting is a burning issue in the country. Further, when the figures in Table 5 are considered highest number of accidents that are not reported is in construction industry and out of these 39% are fatal accidents. Further 40% of that has not been reported from construction industry have caused permanent partial disability to the injured person. Hence, implementing the proposals of experts for enhancing accident reporting is an immediate requirement as far as safety of the working population is considered.

Third objective of the research is proposing strategies for enhancing accident reporting. Experts in the field of OSH who were interviewed for this objective have proposed the following seven strategies.

1. Taking stringent legal action against employers who fail to report accidents to the department of labour. This will be more effective if the amount of fines is also increased.
2. Improving awareness among public through mass media and conducting awareness programmes at organizational level to make employers/managers aware of the legal provisions related to accident reporting.
3. Improving coordination between authorities such as department of labour, hospitals and police and devising a mechanism for exchanging data among authorities.
4. Increasing amount of compensation. This has to be coupled with increasing the resources at the office of Commissioner for Workmen's Compensation and encouraging public to claim compensation.
5. Introducing a safety award or rating system for organizations where award or rating will carry a financial benefit for the organization.
6. Employing qualified safety officers in organizations and defining qualifications of safety officers.
7. Amending the legal framework to require insurance companies to get confirmation from department of labour that the accident has been reported to the same before payment of compensation.

Implementation of above strategies will lead for enhancing accident reporting to a considerable level.

Findings of the research are of immense importance when OSH management in economic activities is considered. If the outcome of the research is considered in amending the legislation and in framing national level policies the entire working population in the country will be benefitted.

## **5.2. Recommendations**

Through the analysis of data it is evident that about one fourth of accidents for which compensation is claimed are from economic activities that are not covered by the Factories Ordinance No. 45 of 1942. Under this situation employees in these economic activities are not getting attention with regard to OSH. Hence, this is a serious problem when OSH is considered as a whole in the country.

The only solution to overcome this problem is to amend the legal framework in such a way that it will cover all the economic activities. Hence, the relevant authorities should take immediate attention to amend the law.

Further, it is obvious from the analysis of data that accident underreporting is a burning issue in the country. Also it is evident that the issue is very much prominent in construction industry where 39% of the accidents that have not been reported to the department of labour are fatal accidents. Hence, the proposals of the experts in the field of OSH should be implemented immediately and special attention should be paid to OSH in construction industry.

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# Annexure -1

FORM "A"  
(Under Regulation 11)

WORKMEN'S COMPENSATION ORDINANCE, No. 19 OF 1934  
APPLICATION FOR COMPENSATION BY WORKMAN



To : THE COMMISSIONER FOR WORKMEN'S COMPENSATION, COLO-100.

Applicant's { Name :  
                  { Address :  
  *versus*  
Respondent's { Name :  
                  { Address :

It is hereby submitted that—

(1) The applicant, a workman employed by (a contractor with) the respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, received personal injury by accident arising out of and in the course of his employment. The cause of the injury was (here insert briefly in ordinary language the cause of the injury)

(2) The applicant sustained the following injuries, namely :—

(3) The monthly wages of the applicant amount to Rs. \_\_\_\_\_

the applicant is  $\frac{\text{over}}{\text{under}}$  the age of 15 years.

•(4) (a) Notice of the accident was served on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
(b) Notice was served as soon as practicable.  
(c) Notice of the accident was not served (in due time) by reason of \_\_\_\_\_

•(5) The applicant is accordingly entitled to receive—

(a) Half-monthly payments of Rs. \_\_\_\_\_ from the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_

(b) A lump sum payment of Rs. \_\_\_\_\_

(6) The applicant has taken the following steps to secure a settlement by agreement namely,

but it has proved impossible to settle the questions in dispute because

•You are therefore requested to determine the following questions in dispute, namely—

- Whether the applicant is a workman within the meaning of the Ordinance ;
- Whether the accident arose out of or in the course of the applicant's employment ;
- Whether the amount of compensation claimed is due, or any part of that amount ;
- Whether the respondent is liable to pay such compensation as is due ;

I certify that the facts which I have stated above are to the best of my knowledge and belief, true and correct.

## Annexure -2 MEDICAL EXAMINATION REPORT

1. (a) Name of Workman : .....
- (b) Postal Address : .....
- (c) Age : .....
- (d) Sex : .....
- (e) Employment in which injured workman was engaged at the time of accident : .....
- (f) Date of Accident : .....
- (g) History of accident as stated by injured workman : .....
2. (a) Name and extent of injuries : .....
- (b) Is the incapacity to work solely due to the accident ? : .....
- (c) Is the disablement temporary or permanent ? : .....
- (d) If TEMPORARY, state the probable duration of disablement, giving the date of commencement : .....
- (e) If PERMANENT, state the percentage of loss of earning capacity : .....
- (Please state percentage in words and figures)
- (f) Is a review necessary, If do when : .....
3. If the injured workman is suffering from occupational disease mentioned in Schedule III, state : .....
- (a) The description of occupational disease the workman is suffering from : .....
- (b) Is the disablement temporary or permanent ? : .....
- (c) If TEMPORARY, state the probable duration of disablement, giving the date of commencement : .....
- (d) If PERMANENT, state the percentage of loss of earning capacity : .....
- (Please state percentage in words and figures)
4. Is the injured workman's injury consistent with his present condition : .....
5. Dates of Examination: .....
6. Any other remarks : .....
- (X-ray examination, light duty recommended etc.)

Signature of the Registered  
Medical Practitioner

Name : .....

Qualifications : .....

Designation if in Govt. Service : .....

Date : .....

# Annexure -3



No.

Stamp not  
to be  
cancelled

**RORM B**

*(Under Regulation 11)*

**WORKMEN'S COMPENSATION ORDINANCE, No. 19 OF 1934**

## **APPLICATION FOR ORDER TO DEPOSIT COMPENSATION FOR DEPENDANTS**

To: The COMMISSIONER FOR WORKMEN'S COMPENSATION, COLOMBO

Applicant's { Name :  
Address :

Respondent's { Name :  
Address :

versus

It is hereby submitted that

(1) \_\_\_\_\_ a workman  
employed by (a contractor with) the respondent on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20, \_\_\_\_\_ received personal injury by accident arising out of  
and in the course of his/her employment resulting in his/her death on the  
day of \_\_\_\_\_, 20, \_\_\_\_\_. The cause of the injury was (*here insert  
briefly in ordinary language the cause of the injury*)

(2) The applicant(s) is a/are dependant(s) of the deceased workman being his/her

(3) The monthly wages of the deceased amount to Rs. \_\_\_\_\_  
The deceased was over/under the age of 15 years at the time of his/her death.

\* (4) (a) Notice of the accident was served on the \_\_\_\_\_  
20,

(b) Notice was served as soon as practicable.

(c) Notice of the accident was not served (in due time) by reason of \_\_\_\_\_

(5) The deceased before his/her death received as compensation the total sum of  
Rs. \_\_\_\_\_

(6) The applicant(s) is/are accordingly entitled to receive a lump sum payment of  
Rs. \_\_\_\_\_

You are therefore requested to award to the applicant the said compensation or any  
other compensation to which he/she may be entitled.

I certify that the facts which I have stated above are to the best of my Knowledge and  
belief true and correct.

Dated :

20

Signature or make of Applicant.

\*Strike out the clauses which are not applicable.

# Annexure -4

W. G. 11  
(F. 2. 3. & 4.) 03/76

පි.පි.— හදිසි දූෂකර සිදු වූ දින සිට දින 14ක කාල පරාසය තුළදී සිදු වූ අනතුරක පිළිබඳව විස්තර කෙරෙන වාර්තාවක් සපයා දීමට ඉඩ සලසා ඇත.  
N. N.—This Report should be furnished to the Commissioner within a period of 14 days reckoned from the date on which the accident occurred.

## “සීඑම්” ආකෘති පත්‍රය FORM Q

(1956 ඔක්තෝබර් 14 වැනි දින සහ අංක 11,025 දරන කැනඩා ක්ෂේත්‍රයේ මරණීය අනතුරු සහ අවදානම් සහතික පනත ප්‍රකාශය සහ 1956 අංක 19 දරන කම්කරු මරාදී ආඥාපනත 37 (1) වැනි විධානම යටතේ සකස් කරන ලදී.)

(Under section 37(1) of the Workmen's Compensation Ordinance, No. 19 of 1956, and Regulation 61 as amended by Notification in Gazette No. 11,025 of December 14, 1956)

කම්කරු මරාදී ආනවිතරීය අවදානම, ආකාරය.  
N. N.—The Commissioner for Workmen's Compensation, Colombo.

විෂය විස්තරයයි/SIR,

මාගේ විෂයයේ සේවකයෙකු වූ හදිසි දූෂකරයක ප්‍රතිඵලයක් වශයෙන් සහතික දැක්වෙන විස්තර ප්‍රකාශයෙහි සඳහන් කම්කරු/ කම්කරුවන් හඳුන්වනු ලබන කම්කරුවා/කම්කරුවන් අවදානම සිදු වූ සිට සිටින දිනක කිසිවක් කැලින්සමයි.

I have the honor to report that the workman/workmen whose name/name appears/appear in the statement of particulars set out hereunder has/have been injured as a result of an accident occurring on my business premises.

මෙම විෂය/විෂය.

එම හදිසි දූෂකර සිදු වූ දින සිට අනතුර පිළිබඳව දින තුනක් ඇතුළත එම කම්කරුවා/කම්කරුවන්  
දින 03 තොරතුරු සපයා දීමට  
සැලැස්වීමයි.

The workman/workmen died within a period of three consecutive days next succeeding that in which the accident occurred.

### විස්තර ප්‍රකාශය Statement of Particulars

- (අ) නම, වයස, ස්ත්‍රී, ජාති, මරණ දිනය (අන්තර් සිට සිට) }  
(a) Name, sex, age, marital status, date of death.
- (ආ) හදිසි දූෂකර සිදු වූ දිනය }  
(b) Date of accident.
- (ඇ) හදිසි දූෂකර සිදු වූ ස්ථානය }  
(c) Place where the accident occurred.
- (ඈ) එම හදිසි දූෂකර සිදු වූ අවස්ථාවේදී එම කම්කරුවා/කම්කරුවන් සේවයෙහි සේවය කරමින් සිටි තත්වය }  
(d) Manner in which the workman was employed at the time.
- (ඉ) එම හදිසි දූෂකර සිදුවීමට හේතුව }  
(e) Cause of accident.
- (ඊ) කුඩාලාංචන අවස්ථාව }  
(f) Nature of injuries.
- (උ) එම කම්කරුවා/කම්කරුවන් සියලුම ස්ත්‍රී, ජාති, දරුවන් සහිතව එම කම්කරුවා/ කම්කරුවන්ගේ පවත්වාගෙන යාම කළ හැකි තත්වයේදී එම කම්කරුවා/ කම්කරුවන්ගේ පවත්වාගෙන යාම කළ හැකි තත්වය }  
(g) If the workman is dead, the names of the dependents and their relationship to the workman/workmen if known.
- (ඌ) වෙනත් අදාළ විෂය විස්තර }  
(h) Any other relevant particulars.

ඔබගේ විෂයයේ සේවකයා,  
I Am, Sir,  
Your obedient servant,

දිනය/Date : .....

.....  
අධ්‍යක්ෂවරයාගේ අත්සන/  
Signature of Employer,  
.....  
නම සහ ලිපිනය/Name and Address  
.....

\*කම්කරු මරාදී ආඥාපනත 37(1) වැනි විධානම යටතේ සකස් කරන ලදී.

# Annexure -5

## FORM "G"

(Under Regulation 38)

### Workmen's Compensation Ordinance, No. 19 of 1934

#### MEMORANDUM OR AGREEMENT

W.A. 7  
(P 2 Eng.) 7/33

Affix an  
Uncancelled  
Stamp for  
Rs. 10

It is hereby submitted that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
personal injury was caused to  
residing at \_\_\_\_\_

by accident arising out of and in the course of his employment at \_\_\_\_\_

The said injury has resulted in permanent disablement to the said workman of the following  
nature, namely :—

The said workman's average monthly wage is estimated at Rs. \_\_\_\_\_

The said workman has, prior to the date of this agreement, received the following  
payments, namely :—

Rs. _____	on _____	Rs. _____	on _____
Rs. _____	on _____	Rs. _____	on _____
Rs. _____	on _____	Rs. _____	on _____

It is further submitted that  
the employer of the said workman has agreed to pay, and the said workman has agreed to  
accept the sum of Rupees \_\_\_\_\_  
(State amount in words)

in full settlement of all and every claim under the Workman's Compensation Ordinance,  
No. 19 of 1934, in respect of the disablement stated above and all disablement now manifest.  
It is therefore requested that this memorandum be duly recorded.

Dated : \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_

Signature of { Employer : \_\_\_\_\_  
Witness : \_\_\_\_\_ Name and Address of Employer.  
\_\_\_\_\_

Signature or mark of Workman : \_\_\_\_\_  
\_\_\_\_\_

Signature of Witness : \_\_\_\_\_  
\_\_\_\_\_

NOTE.—An application to register an agreement can be presented under the signature of one party, provided that the other party has  
agreed to the terms. But both signatures should be appended, whenever possible.

#### Receipt

(To be filled in when the money has actually been paid)

In accordance with the above agreement, I have this day received the sum of  
Rupees \_\_\_\_\_  
(State amount in words)

Signature or mark of Workman.\*

Dated : \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_

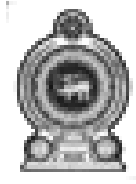
The money has been paid and this receipt signed in my presence.

(On Rs. \_\_\_\_\_ Stamp)  
Signature of Witness.

NOTE.—This form may be varied to suit special cases, e.g. injury by occupational disease, agreement when workman is under legal  
disability, &c.,

Appendix 6- Questionnaire for obtaining details from injured persons

luzlrefomdrA;fuzka;=j  
 DEPARTMENT OF LABOUR  
 oqrl:kh  
 njhiyNgm 081-2225087  
 Telephone Your No.  
 \*elaiaawxlh-ngf;]; ,yFax No: 081-2225087



uf.awxlh  
 My No.  
 @f@w@x@l@h



osia;%slalrAudka;Yd,dmrSlaIlbxcfskareldrAhd,h" luzlref,aluzldrAhd,h" "hákqjr]ù†h",uykqjr  
 khtl;lnjhoppw;rhiygupNrhjidnghwpáashsHmYtyfk;"njhopy; \$izf;fsk;"abDtu æ\$"fz;b  
 Office of the District Factory Inspecting Engineer, Department of Labour, LabourSecretariat,YatinuwaraVeediya, Kandy

2015.05.

.....  
 .....  
 .....

මහත්මයාණෙනි/මහත්මියනි.

රැකියාව ආශීර්ෂිත හදිසි අනතුරු පිළිබඳ විමර්ශනය.

ඉහත කරුණු ඔබට අදාළ වීම මෙම කාර්යාලය මඟින් කරනු ලබන විමර්ශනයක් සඳහා .....

දින ම බලාපොරොත්තු වී සිටින අනතුරු පිළිබඳව තොරතුරු අවශ්‍ය ව ඇත.

02. එබැවින් පහත ආකෘතිය සම්පූර්ණ කර මෙම ලිපියේ දින සිට සති දෙකක් ඇතුළත මෙම කාර්යාලයට ලැබීමට සලස්වන ලෙස ඉල්ලා සිටිමි.

මිට වියවායි.

.....

දිස්ත්‍රික් කර්මාන්ත ශාලා පරීක්ෂක ඉංජිනේරු  
 - මහනුවර

අවශ්‍ය තොරතුරු

1. අනතුර සිදුවන අවස්ථාවේ සේවය කළ ආයතනයේ
  - i. නම :-
  - ii. ලිපිනය :-
2. එම ආයතනයේ සිදු කරන නිෂ්පාදනය/ කාර්යය ( උදා - ඇඟළුම් නිෂ්පාදනය, ගොඩනැගිලි ඉදිකිරීම) :-
3. බලගේ රැකියාව :-
4. අනතුර සිදුවූ ආකාරය (කෙටියෙන් විස්තර කරන්න) :-

## **Annexure 7 – Questionnaire for expert interviews**

- (1) Accident under reporting is a major problem when OSH management is considered. Do you agree with this statement?
- (2) Some employees are reluctant to report accidents to the management. Can this lead for underreporting?
- (3) In your opinion what can be the reasons for personal level under reporting?
- (4) What do you propose to minimize under reporting at personnel level?
- (5) Some organizations do not report accident to relevant authorities such as Labour department &, commissioner for W C. what can be the reasons for not reporting accidents by organizations?
- (6) What are your suggestions to minimize underreporting at organizational level?
- (7) Do you think that lack of national level policies and strategies relevant to accident recording and reporting lead for under reporting?
- (8) What are the additions or changes in national level policies you propose for minimizing underreporting?
- (9) Do you think coordination between authorities such as hospitals, department of Labour and Workmen's Compensation Commissioner's office will enhance accident reporting?
- (10) If a central authority/Independent authority is established for collecting and maintaining accident data will it lead for enhancing accident reporting?
- (11) In your opinion, what are the organizations that have to be coordinated with the authority mentioned in (9)?



## Annexure 8 –Summarized raw data

\*- Details in these columns were deleted to prevent identifying persons & organizations

Se. No.	Name of Injured *	Date of Accident:	Organization *	Nature of the Accident	Severity of Injury	Type of Industry	covered by F.O
1		2012/9/26		Fallen while working in factory	ppd-75%	Tea Manufacturing	y
2		2013/7/8		Hand Caught in the roller machine	td	Tea Manufacturing	y
3		2013/3/12		Hit by machinery	ppd-5%	Tea Manufacturing	y
4		2013/7/17		vehicle accident while on an official travel	td	Electricity distribution	y
5		2014/3/21		Hand Caught in the roller machine	td	Tea Manufacturing	y
6		2013/2/16		Snake bite in the field	td	Rubber plantation	n
7		2013/7/30		Stuck by falling object	td	Tea Manufacturing	y

## Annexure 9- Accident data categorized in to economic activities

Se. No.	*Name of Injured	Date of Accident:	* Organization	Nature of the Accident	Severity of Injury	Economic Activity	covered by F.O	Notified to DFIE
26		2013/11/15		Fall from the scaffolding when working as a mason	td	Construction	y	n
29		2013/7/26		Fallen in to an excavation	td	Construction	y	n
33		2013/12/14		Stuck by a falling scaffolding from upper floor	ptd-100%	Construction	y	n
38		2014/9/29		Fallen from upper floor of a building	F	Construction	y	n
51		2012/2/20		Fallen from a scaffolding	td	Construction	y	n
55		2013/11/21		Bursting of a grinding stone	td	Construction	y	n
68		2014/3/4		Stuck by a falling object	td	Construction	y	n
72		2014/3/6		Buried under soil	f	Construction	y	n
74		2013/1/22		Fall from height	ppd-20%	Construction	y	n
86		2014/5/12		hit by a piece of bursting grinding wheel	ppd-10%	Construction	y	n
90		2014/8/21		Fallen in to an excavation	f	Construction	y	y
100		2014/7/5		run over by road roller	ppd-75%	Construction	y	y
113		2013/8/8		Injured while unloading a roller from a lorry	td	Construction	y	y
117		2012/4/8		Crushes inside a concrete mixing machine	ptd-100%	Construction	y	n
123		2014/8/25		stuck by an object	ppd-50%	Construction	y	n

\*- Details in these columns were deleted to prevent identifying persons & organizations