

# Notification Form for Truss-out Bamboo Scaffolds

To: Labour Department  
 Occupational Safety – Operations  
 Operations Division  
 Minor Renovation and Maintenance Works-4 Office

Tel : 2154 2963

*(Forms can be submitted via website, email or fax. Please refer to “**Reporting Methods**” for details.)*

A contractor will erect truss-out bamboo scaffolds (“TOS”) in this building / estate, and the following information is furnished to the Labour Department for appropriate follow-up action in respect of occupational safety issues.

**I. Location of Building / Estate**

Area	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories
District	
Street / Road	
Building / Estate	

**II. Contact Details of Informant**

Name of informant	:	
Tel. No.	:	
Date	:	yyyy          mm          dd

**III. Information on Locations, Contractors and Employees’ Compensation Insurance (“ECI”) of the TOS Works**

(Please submit this form to the Labour Department **at least 5 working days** before the anticipated erection date.)

Location of TOS	Block / Tower:	Floor:	Flat / Room:
Anticipated Erection Date	yyyy          mm          dd	<input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.	
Contractor Information	Contractor Name <sup>#</sup> :		
	Name of Responsible Person:	Contact Tel. No.:	
ECI Details for TOS Works <sup>*</sup>	Name of Policy Holder:		
	Name of Insurance Company (Not Agent):		
	Policy / Cover Note No.:		
	Effective Date:	yyyy          mm          dd	Expiry Date:

Please tick in the appropriate box

<sup>#</sup> Please provide the full name of the contractor

<sup>\*</sup> Information for the Labour Department’s reference

Location of TOS	Block / Tower:	Floor:	Flat / Room:
Anticipated Erection Date	yyyy mm dd <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.		
Contractor Information	Contractor Name <sup>#</sup> :		
	Name of Responsible Person:	Contact Tel. No.:	
ECI Details for TOS Works <sup>*</sup>	Name of Policy Holder:		
	Name of Insurance Company (Not Agent):		
	Policy / Cover Note No.:		
	Effective Date: yyyy mm dd	Expiry Date: yyyy mm dd	
Location of TOS	Block / Tower:	Floor:	Flat / Room:
Anticipated Erection Date	yyyy mm dd <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.		
Contractor Information	Contractor Name <sup>#</sup> :		
	Name of Responsible Person:	Contact Tel. No.:	
ECI Details for TOS Works <sup>*</sup>	Name of Policy Holder:		
	Name of Insurance Company (Not Agent):		
	Policy / Cover Note No.:		
	Effective Date: yyyy mm dd	Expiry Date: yyyy mm dd	
Location of TOS	Block / Tower:	Floor:	Flat / Room:
Anticipated Erection Date	yyyy mm dd <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.		
Contractor Information	Contractor Name <sup>#</sup> :		
	Name of Responsible Person:	Contact Tel. No.:	
ECI Details for TOS Works <sup>*</sup>	Name of Policy Holder:		
	Name of Insurance Company (Not Agent):		
	Policy / Cover Note No.:		
	Effective Date: yyyy mm dd	Expiry Date: yyyy mm dd	

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Anticipated Erection Date	yyyy mm dd <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.		
Contractor Information	Contractor Name <sup>#</sup> :		
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Anticipated Erection Date	yyyy mm dd <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.		
Contractor Information	Contractor Name <sup>#</sup> :		
	Name of Responsible Person:	Contact Tel. No.:	
ECI Details for TOS Works <sup>*</sup>	Name of Policy Holder:		
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Please tick in the appropriate box

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Anticipated Erection Date	yyyy mm dd <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.		
Contractor Information	Contractor Name <sup>#</sup> :		
	Name of Responsible Person:	Contact Tel. No.:	
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### **Reporting Methods**

This notification form can be submitted through one of the following channels:

- (i) Login to <https://eform.cefs.gov.hk/form/ld0015/en/> to fill in and submit the Online Notification Form;
- (ii) Email to [od\\_mrm\\_4@labour.gov.hk](mailto:od_mrm_4@labour.gov.hk); or
- (iii) Fax to 2151 1423.



Online Notification  
Form for TOS

- *Contractors are responsible to ensure the information provided is true and correct. Property Management Companies are not responsible for the inaccurate content.*
- *The form is used for notification of TOS works and inspection arrangements. The Labour Department will not approve the relevant works.*

### **Occupational Safety and Health Complaint**

To report unsafe workplaces or processes, please call the Occupational Safety and Health Enquiry and Complaint Hotline: 2542 2172, or login to <https://eform.cefs.gov.hk/form/ld0001/en/> to fill in and submit the Online OSH Complaint Form.



Online OSH Complaint  
Form

### **Reporting Employer's Failure to take out Employees' Compensation Insurance**

If it is suspected that an employer has not taken out an employees' compensation insurance policy or does not possess a valid insurance policy, please report to Labour Inspection Division's Complaint Hotline: 2815 2200.

All complaints will be treated in strict confidence.