

LEGAL NOTICE No. 147

REPUBLIC OF TRINIDAD AND TOBAGO

THE STATUTORY AUTHORITIES ACT, CHAP. 24:01

REGULATIONS

MADE BY THE PRESIDENT UNDER SECTION 28 OF THE
STATUTORY AUTHORITIES ACT

THE PUBLIC HEALTH INSPECTORS (STATUTORY AUTHORITIES)
(OVERTIME ALLOWANCE) REGULATIONS, 1992

1. These Regulations may be cited as the Public Health Inspectors ^{Citation}
(Statutory Authorities) (Overtime Allowance) Regulations, 1992.

2. In these Regulations—

“City Treasurer” means the City Treasurer of the Port-of-Spain ^{Interpre-}
Corporation or the City Treasurer/Accountant of the ^{tation}
San Fernando Corporation;

“Medical Officer of Health” means the City Medical Officer of
Health in the respective city in which the particular Public
Health Inspector is stationed;

“normal hours of duty” means that period from Monday to Friday
inclusive other than public holidays, between the hours of
8.00 a.m. and 5.00 p.m. except that period of one hour which
is allowed for lunch, between the hours of 11.00 a.m. and
1.00 p.m.;

“Public Health Inspector” means a Public Health Inspector of
the Port-of-Spain Corporation or the San Fernando Corporation.

3. (1) Every person who requires the services of a Public Health Inspector ^{Inspection}
in excess of his normal hours of duty or on his off-day for the inspection of
containerized foodstuff shall—

- (a) apply for his services to the Medical Officer of Health on the ^{Schedule}
relevant application form set out in the Schedule;
- (b) pay to the City Treasurer of the respective city in which the
particular Public Health Inspector is stationed a fee at the
rate of \$40.24 per hour for the first eight hours of overtime and
\$53.65 per hour thereafter;
- (c) pay to the City Treasurer for or provide suitable transportation,
claimed by the Medical Officer of Health, in respect of a Public
Health Inspector to and from the location of the containerized
cargo where there is no Public Health Inspector permanently
stationed at the site of such cargo; and
- (d) pay to the City Treasurer any reasonable charge claimed by
the Medical Officer of Health in respect of meal allowance of a
Public Health Inspector.

Public Health Inspectors (Statutory Authorities)
(Overtime Allowance) Regulations, 1992

Schedule

(2) All charges claimed by the City Treasurer shall be set out on the relevant form set out in the Schedule.

Overtime and meal allowance

4. The Public Health Inspector performing overtime work as required under regulation 3 shall be paid meal allowance due to him, and an overtime allowance for his services at the rate of \$36.59 per hour for the first eight hours of overtime and \$48.78 per hour thereafter.

SCHEDULE

Form 1

STATUTORY AUTHORITIES ACT, CHAP. 24:01

THE PUBLIC HEALTH INSPECTORS (STATUTORY AUTHORITIES)
(OVERTIME ALLOWANCE) REGULATIONS, 1992

PORT-OF-SPAIN CORPORATION

APPLICATION FOR OVERTIME SERVICES

To: City Medical Officer of Health (Port-of-Spain)

From:

of:

We hereby request the services of a Public Health Inspector for the inspection of
.....container(s) located at—

.....

.....

.....

outside of normal working hours on:

..... at..... a.m./p.m.
Day Month Year Time

We the consignees agree to honour all charges involved.

Date..... Consignee/Agent

FOR OFFICIAL USE ONLY

Public Health Inspector assigned.....

Date and Time of beginning of Inspection.....
Year Month Day a.m./p.m.

Date and Time of end of Inspection.....
Year Month Day a.m./p.m.

Time Elapsedhoursminutes

Cost of Inspection:

(i)	hrs.mins. at \$40.24 per hour	\$
(ii)	hrs.mins. at \$53.65 per hour	\$
(iii) Meal Allowance		\$
(iv) Travelling Allowance.....	km at.....per km	\$
Total Cost	(i) + (ii) + (iii) + (iv)	\$

PARTICULARS OF PAYMENT

Amount Paid:

Date of Payment:

.....
Day Month Year

Receipt No.
Head:
Sub Head
Item

Form 2

STATUTORY AUTHORITIES ACT, CHAP. 24:01

THE PUBLIC HEALTH INSPECTORS (STATUTORY AUTHORITIES)

(OVERTIME ALLOWANCE) REGULATIONS, 1992

PORT-OF-SPAIN CORPORATION

NOTICE OF CHARGES TO BE MET FOR OVERTIME SERVICES

Name of Consignee.....
Address (Business).....
.....
Address (Mailing).....
(if different from Business)

Take notice that the undermentioned sums of money are due by you for services of () Public Health Inspector(s) who performed functions outside of normal working hours as detailed hereunder.

Location of container(s).....
.....

(please specify as accurately as possible) (No. of Street, etc.)

Public Health Inspectors (Statutory Authorities)
(Overtime Allowance) Regulations, 1992

Date of Inspection
Day Month Year

Time of commencement of Inspection: a.m. p.m.

Time of termination of Inspection: a.m. p.m.

Total duration of Inspection exercise..... hrs. mins.

Cost of Inspection:

- (i)hrs.mins. at \$40.24 per hour \$
(ii)hrs.mins. at \$53.65 per hour \$
(iii) Meal Allowance \$
(iv) Travelling Allowance.....km at.....per km \$
Total Cost (i) + (ii) + (iii) + (iv) \$

PLEASE PRESENT THIS BILL TO THE CITY TREASURER WHEN PAYMENT IS BEING EFFECTED.

Address of City Treasurer:
.....
.....

City Treasurer,
Port-of-Spain Corporation

Form 3

STATUTORY AUTHORITIES ACT, CHAP. 24:01

THE PUBLIC HEALTH INSPECTORS (STATUTORY AUTHORITIES)
(OVERTIME ALLOWANCE) REGULATIONS, 1992

SAN FERNANDO CORPORATION

APPLICATION FOR OVERTIME SERVICES

To: City Medical Officer of Health (San Fernando)

From:

of:

We hereby request the services of a Public Health Inspector for the inspection of

.....container(s) located at—

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

Public Health Inspectors (Statutory Authorities)
(Overtime Allowance) Regulations, 1992

outside of normal working hours on:

..... at a.m./p.m.
Day Month Year Time

We the consignees agree to honour all charges involved.

Date..... Consignee/Agent

FOR OFFICIAL USE ONLY

Public Health Inspector assigned.....

Date and Time of beginning of Inspection.....
Year Month Day a.m./p.m.

Date and Time of end of Inspection.....
Year Month Day a.m./p.m.

Time Elapsed:.....hoursminutes

Cost of Inspection:

- (i)hrs.mins. at \$40.24 per hour \$
- (ii)hrs.mins. at \$53.65 per hour \$
- (iii) Meal Allowance \$
- (iv) Travelling Allowance.....km at.....per km \$
- Total Cost (i) + (ii) + (iii) + (iv) \$

PARTICULARS OF PAYMENT

Amount Paid:

Date of Payment:

.....
Day Month Year

Receipt No.

Head

Sub Head

Item

Form 4

STATUTORY AUTHORITIES ACT, CHAP. 24:01

THE PUBLIC HEALTH INSPECTORS (STATUTORY AUTHORITIES)

(OVERTIME ALLOWANCE) REGULATIONS, 1992

SAN FERNANDO CORPORATION

NOTICE OF CHARGES TO BE MET FOR OVERTIME SERVICES

Name of Consignee.....

Public Health Inspectors (Statutory Authorities)
(Overtime Allowance) Regulations, 1992

Address (Business).....

Address (Mailing).....
(if different from Business)

Take notice that the undermentioned sums of money are due by you for services of
() Public Health Inspector(s) who performed functions outside of normal working
hours as detailed hereunder.

Location of container(s).....

(please specify as accurately as possible) (No. of Street, etc.)

Date of Inspection:.....
Day Month Year

Time of commencement of Inspection: a.m. p.m.

Time of termination of Inspection: a.m. p.m.

Total duration of Inspection exercise..... hrs. mins.

Cost of Inspection:

- (i)hrs.mins. at \$40.24 per hour \$
- (ii)hrs.mins. at \$53.65 per hour \$
- (iii) Meal Allowance \$
- (iv) Travelling Allowance.....km at.....per km \$
- Total Cost (i) + (ii) + (iii) + (iv) \$

PARTICULARS OF PAYMENT

PLEASE PRESENT THIS BILL TO THE CITY TREASURER/ACCOUNTANT
WHEN PAYMENT IS BEING EFFECTED.

Address of City Treasurer/Accountant:

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

.....
City Treasurer/Accountant
San Fernando Corporation

Made this 4th day of September, 1992.

C. SOOKRAM
Acting Secretary to Cabinet