

WESTERN AUSTRALIA

**WORKERS'
COMPENSATION
AND
REHABILITATION
REGULATIONS
1982**

REPRINTED AS AT 14 FEBRUARY 1995

WESTERN AUSTRALIA

**WORKERS' COMPENSATION
AND REHABILITATION
REGULATIONS 1982**

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Reprinted under the
Reprints Act 1984 as
at 14 February 1995

WESTERN AUSTRALIA

WORKERS' COMPENSATION AND REHABILITATION ACT 1981

**WORKERS' COMPENSATION
AND REHABILITATION
REGULATIONS 1982**

PART 1 — PRELIMINARY

[Heading inserted in Gazette 26 February 1991 p.933.]

Citation

1. These regulations may be cited as the *Workers' Compensation and Rehabilitation Regulations 1982*¹.

[Regulation 1 amended in Gazette 8 March 1991 p.1071.]

Commencement

2. These regulations shall come into operation on the date of the coming into operation of the *Workers' Compensation and Assistance Act 1981*¹.

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PART 2 — GENERAL

[Heading inserted in Gazette 26 February 1991 p.933.]

AMA Guides

3. The first edition is prescribed for the purposes of the definition of "AMA Guides" in section 93A of the Act.

[Regulation 3 inserted in Gazette 24 December 1993 p.6844.]

Form of election

4. The form of election referred to in section 24B of the Act shall be in Form 1 in Appendix I.

[Regulation 4 amended in Gazette 26 February 1991 p.934.]

Determination form for medical panel

5. Pursuant to section 38 (2) of the Act, the form of the determination of the medical panel shall, as far as practicable in each case, be as set out in Form 2 in Appendix I.

Form of notice of occurrence of disability

6. Form 2A in Appendix I is the prescribed form under section 84I (1) (a) of the Act.

*[Regulation 6 inserted in Gazette 28 June 1991 p.3291;
amended in Gazette 18 February 1994 p.660.]*

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Form of claim for compensation

6AA. Form 2B in Appendix I is the prescribed form under section 84I (1) (b) of the Act.

*[Regulation 6AA inserted in Gazette 28 June 1991 p.3291;
amended in Gazette 18 February 1994 p.660.]*

Form of medical certificate

6A. Form 3 in Appendix I is the prescribed form under sections 57A (1) (b) (i) and 57B (1) (b) (i) of the Act.

[Regulation 6A inserted in Gazette 8 March 1991 p.1071.]

Form for insurer accepting liability

6B. Form 3A in Appendix I is the prescribed form under section 57A (3) (a) of the Act.

[Regulation 6B inserted in Gazette 8 March 1991 p.1071.]

Form for insurer disputing liability

6C. Form 3B in Appendix I is the prescribed form under section 57A (3) (b) of the Act.

[Regulation 6C inserted in Gazette 8 March 1991 p.1071.]

Form for insurer undecided on liability

6D. Form 3C in Appendix I is the prescribed form under section 57A (3) (c) of the Act.

[Regulation 6D inserted in Gazette 8 March 1991 p.1071.]

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Form for employer disputing liability

6E. Form 3D in Appendix I is the prescribed form under section 57B (2) (b) of the Act.

[Regulation 6E inserted in Gazette 8 March 1991 p. 1071.]

Form for employer undecided on liability

6F. Form 3E in Appendix I is the prescribed form under section 57B (2) (c) of the Act.

[Regulation 6F inserted in Gazette 8 March 1991 p.1071.]

Certificate and notice before discontinuance of weekly payments

7. (1) The medical certificate required by section 61 of the Act, before discontinuance of weekly payments, shall be in the form of Form 4 in Appendix I.

(2) Notice to the worker referred to in section 61 of the Act shall be in the form of Form 5 in Appendix I.

[Regulation 7 amended in Gazette 29 October 1993 p.5930.]

Frequency and time of medical examinations

8. (1) A worker in receipt of weekly payments under the Act shall not be required under section 64 or 65 of the Act, before a period of one month has elapsed from the date on which the first weekly payment of compensation was made, to submit himself for examination by a medical practitioner provided by the employer, nor to do so more frequently than once in every 2 weeks whilst he continues to receive the weekly payments.

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(2) A worker in receipt of weekly payments under the Act shall be required to submit himself for examination by a medical practitioner provided by the employer during reasonable hours only.

*[Regulation 8 amended in Gazette 24 December 1993
p.6844.]*

Purposes for which lump sum redemption may be obtained

8A. The purposes for which liability for the permanent total incapacity of a worker who has not attained the age of 55 years may, in accordance with section 67 (3) of the Act, be redeemed by the payment of a lump sum are —

- (a) making an investment to produce income for the worker;
- (b) enabling the worker to reside in a different area in a case where there are substantial economic or compassionate grounds for enabling the worker to do so; or
- (c) any purpose such that, because of the special circumstances of the case, use of the sum for that purpose will substantially assist in the rehabilitation of the worker.

*[Regulation 8A inserted in Gazette 18 February 1994
pp.660-1.]*

Compound discount table

9. The compound discount table required to be prescribed by section 68 (1), (2) and (3) of the Act is set out in Appendix II.

*[Regulation 9 amended in Gazette 2 September 1988
p.3464.]*

Discount formula

9A. When calculating a lump sum redemption under section 68 of the Act the following formula shall be applied for use in conjunction with a compound discount table as set out in Appendix II.

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DISCOUNT FORMULA UNDER SECTION 68 (4)

Discounted sum = $P \times 52 \times A$

Where —

S = prescribed amount less the sum of weekly payments made

P = the weekly payment

$$T = \frac{S}{P}$$

Y = the whole number equal to or next below $\frac{T}{52}$

$$W = T - (52 \times Y)$$

A = the present value of \$1.00 per annum payable weekly for Y years and W weeks obtained from the compound discount tables set out in Appendix II.

*[Regulation 9A inserted in Gazette 25 July 1986 p.2484;
amended in Gazette 2 September 1988 p.3464.]*

Worker not residing in the State

10. (1) For the purposes of section 69 of the Act, a worker shall prove his identity and the continuance of the incapacity in respect of which a weekly payment is payable, by delivering to the employer or the employer's insurer, at intervals of 3 months, a declaration by the worker and by a medical practitioner in the form of or to the effect of Form 6.

(2) Where an employer, or his insurer for the purposes of the Act, disputes identity or entitlement, or both, he may, under section 84N of the Act, refer the dispute to the Director for conciliation.

*[Regulation 10 amended in Gazettes 2 September 1988
p.3464; 24 December 1993 p.6844; 18 February 1994 p.661.]*

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Request for reference to medical assessment panel

10A. A worker or employer requesting a reference to a medical assessment panel under section 70 (1) of the Act is to —

- (a) request the reference in the form of Form 20 in Appendix I, modified as the case requires; and
- (b) pay to the Executive Director a fee of \$50.

*[Regulation 10A inserted in Gazette 24 December 1993
p.6845.]*

Proceedings before medical assessment panel

10B. (1) When referring a question to a medical assessment panel the Director is to provide the panel with any medical certificates or reports or other documents that it may have that are relevant to the question to be determined by the panel.

(2) A medical assessment panel may determine the times and places at which a worker is to attend before it.

(3) The form in which a medical assessment panel may require a worker to attend before it is the form set out in Form 13.

*[Regulation 10B inserted in Gazette 24 December 1993
p.6845.]*

Payments after death outside the State

11. (1) In the event of the death of a worker who dies outside the State and who was receiving or was entitled to receive weekly payments at the date of his death, his representatives shall, for the purpose of obtaining payment of the arrears (if any) due to the worker, forward to the Director a certificate of the death of the worker, and documents showing that they are entitled to such arrears, verified by declaration before a person having authority to administer an oath, with a request for payment of such arrears, specifying the place where and the manner in which the amount is to be remitted to them.

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(2) For the purposes of this regulation the expression "representatives" means —

- (a) if the worker leaves a will, the executors of the will; or
- (b) where the worker dies intestate, the persons who are according to law entitled to his personal estate, and payment of the arrears may be made to the persons without the production of letters of administration.

(3) On receipt of the certificate of death and the documents mentioned in this regulation, the Director shall examine them, and may, if not satisfied that they are in order, return them to the representatives for correction.

(4) When the Director is satisfied that the certificate and documents are in order, or when they are returned to him in order, he shall send to the employer a notice requesting him to forward the amount due, and the employer shall thereupon forward the amount to the Director, who shall remit that amount, to the representatives of the worker at the address and in the manner requested by them, such remittance being in all cases at the risk of the representatives.

*[Regulation 11 amended in Gazette 18 February 1994
p.661.]*

Agreements

12. (1) A memorandum of an agreement referred to in section 76 of the Act is sent to the Director in accordance with that section by sending it to the Director as soon as practicable after the agreement has been entered into, with enough copies for the memorandum to be kept in the Directorate and a copy to be given to each interested party.

(2) The memorandum is to include full particulars of matters for which the agreement provides and, in the case of an agreement as to the compensation that is to be paid under Schedule 2 of the Act, is to identify each item for which the compensation is to be paid and, for each item, the percentage loss of the full efficient use of a part or faculty of the body for which compensation is to be paid, and the amount of the compensation.

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(3) The memorandum is to be signed by or on behalf of each party to the agreement and if the memorandum sent to the Director is not the original signed memorandum the original is to be produced for inspection by the Director.

(4) The notice despatched by the Director to each interested party, under section 76 (2) of the Act, is to be in the form of Form 15A in Appendix 1.

(5) If the Director records the memorandum, the Director is to notify each interested party accordingly in the form of Form 15B in Appendix 1.

[Regulation 12 inserted in Gazette 18 February 1994 p.661.]

Costs for persons other than legal practitioners in proceedings before review officers

12AA. For the purposes of section 84ZL (2) (b) of the Act, a person other than a legal practitioner may not receive more than \$50.00 per hour for appearing for or acting on behalf of a person in proceedings before a review officer.

[Regulation 12AA inserted in Gazette 31 March 1994 p.1444.]

Contributions to General Fund

12A. (1) The amount prescribed for the purposes of section 109 (1) (a) of the Act is \$100 000.

(2) The amount prescribed for the purposes of section 109 (4) (a) of the Act is \$25 000.

[Regulation 12A inserted in Gazette 22 May 1987 p.2193; amended in Gazettes 2 September 1988 p.3464; 22 September 1989 p.3490-1; 6 December 1991 p.6119.]

[13. *Repealed in Gazette 18 February 1994 p.662.]*

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Particulars to be supplied about worker incapacitated for more than 4 weeks

14. Under section 155 (2) of the Act the prescribed particulars are —
- (a) the full name of the worker concerned;
 - (b) the number given by the insurer or self-insurer to the claim by the worker for compensation; and
 - (c) whether either paragraph (a) or paragraph (b) of that section applies to the worker.

[Regulation 14 inserted in Gazette 8 March 1991 p.1071.]

[15. Repealed in Gazette 14 May 1982 p.1519.]

Maximum amount for expenses payable under Schedule 1 to the Act

16. The maximum amount payable for reasonable expenses incurred in respect of anything described in column 1 of the Table to this regulation is the amount specified opposite that description in column 2 of the Table.

Table

Column 1 Description of Expense	Column 2 Maximum Amount
1. Funeral expenses (clause 4 or clause 17 (2)).	\$4 000
2. Wheeled chair or similar appliance (clause 17 (4)).	\$7 000
3. Meals and lodging (clause 19).	\$70 per day

[Regulation 16 inserted in Gazette 23 August 1994 p.4394.]

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Maximum amount for board and lodging payable under clause 15 of the Act

17. The maximum amount that may be assessed for board and lodging under clause 15 is \$90 per day.

*[Regulation 17 amended in Gazettes 25 July 1986 p.2484;
3 April 1992 p.1541; 23 August 1994 p.4395.]*

Supplementary amount varied

17A. The supplementary amount referred to in clause 1 in Schedule 5 is varied and shall be —

- (a) in relation to a worker with a dependent spouse, the sum of \$78;
- (b) in relation to a worker without a dependent spouse, the sum of \$45.

*[Regulation 17A inserted in Gazette 19 June 1987 p.2410;
amended in Gazettes 28 June 1991 p.3291; 16 October 1992
p.5201; 17 September 1993 p.5182; 23 August 1994 p.4395.]*

Form of election to receive redemption amount or supplementary amount

18. (1) The election to receive the redemption amount as a lump sum, referred to in Schedule 5 shall be in the form of Form 14 in Appendix I.

(2) The election to receive the supplementary amount, referred to in Schedule 5 shall be in the form of Form 15 in Appendix I.

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Statements by approved insurance offices

19. The statements required to be transmitted to the Commission pursuant to section 171 of the Act shall be in the form of Forms 16 and 17 in Appendix I.

*[Regulation 19 amended in Gazette 2 September 1988
p.3464.]*

PART 3 — NOISE INDUCED HEARING LOSS

[Heading inserted in Gazette 26 February 1991 p.934.]

Interpretation

19A. In this Part unless the contrary intention appears —

“**approved**” means approved in writing by the Executive Director;

“**approved medical practitioner**” means a medical practitioner approved under regulation 19B (1) (a);

“**approved person**” means a person approved under regulation 19B;

“**audiologist**” means an audiologist approved under regulation 19B (1) (b);

“**audiometric officer**” means a person approved under regulation 19B (1) (c);

“**Australian Standard**” means a standard published by the Standards Association of Australia, as amended from time to time;

“**clause**” means a clause in Schedule 7 to the Act.

[Regulation 19A inserted in Gazette 26 February 1991 p.934.]

Persons approved to carry out audiometric testing

19B. (1) The Executive Director may approve, either generally or in a particular case, the following persons to carry out audiometric testing —

- (a) a medical practitioner;

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- (b) an audiologist who is either a full member or qualified to be a full member of the Audiological Society of Australia; and
 - (c) a person who, in the opinion of the Executive Director, has appropriate qualifications to enable that person to carry out audiometric testing as an audiometric officer.
- (2) An audiometric test for the purposes of sections 24A and 24B of the Act shall be carried out by a person approved under subregulation (1).
- (3) The Executive Director may at any time cancel an approval given under subregulation (1).
- (4) The Executive Director shall serve on each person to whom an approval, or cancellation of approval, relates a certificate of approval or notification of cancellation, as the case requires.

*[Regulation 19B inserted in Gazette 26 February 1991
p.934.]*

Testing procedures

- 19C.** (1) An approved person shall carry out an audiometric test —
- (a) using an audiometer which meets the standards specified in writing by the Executive Director; and
 - (b) in an approved hearing booth or other approved testing environment.
- (2) An approved person using an audiometer under subregulation (1) shall —
- (a) check the audiometer on each day of use, both before and after the series of measurements carried out and after any relocation of the audiometer, to ensure that the audiometer is in satisfactory working order; and

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- (b) ensure that the audiometer has been calibrated at an approved calibration laboratory within the 12 months preceding each day of use and that the audiometric officer has received a copy of the report prepared on that calibration.

(3) An approved person shall ensure that the background noise levels during the testing of the hearing of a worker do not exceed those values listed in Table 5.1 in Section 5 of Australian Standard 1269-1989, or an approved equivalent, for the type of earphone/cushion or earphone enclosure combination connected to the audiometer used for the testing.

(4) Subject to subregulation (5), an approved person shall test the hearing of a worker by means of a pure tone air conduction hearing threshold test carried out separately for the left and right ears —

- (a) in accordance with —
 - (i) the procedure described in Section E2 of Appendix E of Australian Standard 1269-1989 as modified by written direction of the Executive Director; or
 - (ii) any procedure which establishes a higher testing procedure than that specified in subparagraph (i) and which is approved in writing by the Executive Director;

and

- (b) if the test is conducted in accordance with the procedure referred to in paragraph (a) (i), at the frequencies 500, 1 000, 1 500, 2 000, 3 000, 4 000, 6 000, 8 000 Hz except that where an audiometer does not possess a 1 500 Hz tone the hearing threshold for that frequency shall be calculated by drawing a straight line on an audiogram connecting the points of threshold for 1 000 and 2 000 Hz, marking the point of intersection with the 1 500 Hz line, and adjusting this value to the nearest 5dB increment.

(5) If, in the opinion of the Executive Director, a worker has a disability which will prevent the effective use of an audiometric test referred to in subregulation (4), the hearing of that worker may be

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tested by any other method approved for the purposes of this subregulation.

(6) In instances where audiometric testing is carried out by an audiometric officer and the audiometric officer believes that the worker meets the criteria specified in Item 4 of Waugh & Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80 "Criteria for assessing hearing conservation audiograms", the audiometric officer shall refer the worker to a medical practitioner and the audiometric officer shall defer audiometric testing until the worker has complied with the referral and the audiometric officer is satisfied that the worker does not meet those criteria.

(7) Where an initial audiometric test is carried out by an audiometric officer and the results of an air conduction test meet the criteria specified in Item 1, 2 or 3 of Waugh and Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80, the audiometric officer shall refer the worker to an audiologist or an approved medical practitioner for full audiometric testing.

(8) Where the results of an air conduction test carried out after an initial audiometric test show —

- (a) at least a 10% loss of hearing from the initial audiometric test;
- (b) at least a 5% loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A; or
- (c) where the worker has reached the age of 65 years or on the worker's retirement from work before that age, any further percentage loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A,

the worker shall be referred by the Commission to an audiologist or an approved medical practitioner for full audiometric testing, and the audiologist or medical practitioner shall, upon completion of that testing refer the worker to a medical practitioner registered in the specialty of otorhinolaryngology for full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

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(9) Where the results of a further air conduction test, carried out after those tests referred to in subregulation (8), show a further loss of hearing, the worker shall be referred by the Commission to an audiologist or an approved medical practitioner for full audiometric testing and the audiologist or medical practitioner shall, if a further hearing loss is confirmed, refer the worker to a medical practitioner registered in the speciality of otorhinolaryngology for a full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

(10) Where a worker is referred to an approved medical practitioner, audiologist or medical practitioner registered in the speciality of otorhinolaryngology under subregulation (6), (7), (8) or (9), the audiometric test of that worker is completed on the date that —

- (a) if the referral is under subregulation (6), the audiometric officer completes the audiometric test;
- (b) if the referral is under subregulation (7), the medical practitioner or audiologist completes the audiometric test; and
- (c) if the referral is under subregulation (8) or (9), the medical practitioner or audiologist completes the audiometric test, or if the worker is further referred, the medical practitioner registered in the speciality of otorhinolaryngology determines the percentage of noise induced hearing loss.

*[Regulation 19C inserted in Gazette 26 February 1991
pp.935-7; amended in Gazettes 3 April 1992 pp.1541-2;
24 December 1993 p.6845.]*

Notice of audiometric test and testing arrangements

19D. (1) The employer of a worker who is required, or who makes a request, to undergo an audiometric test under clause (2) shall give written notice of the test to the worker in the form of Form 18 in Appendix I.

(2) The employer of a worker given a notice under subregulation (1) shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to

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be exposed, to noise levels above 80dB(A) during the 16 hours preceding an audiometric test.

(3) A worker given a notice under subregulation (1) shall not, without reasonable excuse, proof of which is on the worker, fail to submit himself for testing so notified.

*[Regulation 19D inserted in Gazette 26 February 1991
p.937.]*

Calculation of loss of hearing

19E. (1) In section 24A (2) of the Act, loss of hearing means loss of hearing calculated in accordance with the hearing loss tables RB and EB published in Appendices 3 and 7 of Report No. 118 of the National Acoustic Laboratories as annexed in Appendix III.

(2) The method of determining percentage loss of hearing occurring during the interval between 2 audiometric tests shall be by subtraction.

*[Regulation 19E inserted in Gazette 26 February 1991
p.937.]*

Report on audiometric test and storage of results

19F. (1) A person who carries out an audiometric test shall ensure that the results are prepared and delivered to the Commission and the worker in the form of Form 19 in Appendix I.

(2) The Commission shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4 (2) to any person specified by the worker in that request.

(3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested.

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(4) The Commission shall store the results of audiometric tests delivered to it under clause 4 (2) for a period ending the day after the 70th birthday of the worker to whom the results relate.

*[Regulation 19F inserted in Gazette 26 February 1991
pp.937-8.]*

Reference to medical assessment panel

19G. A worker or employer requesting a reference to a medical assessment panel under clause 6 (1) (b) shall —

- (a) request the reference in the form of Form 20 in Appendix I; and
- (b) pay to the Director a fee of \$50.

*[Regulation 19G inserted in Gazette 26 February 1991
p.938; amended in Gazette 24 December 1993 p.6845.]*

Retest of person's hearing

19H. (1) A worker or employer who disputes the results of an audiometric test shall give notice in the form of Form 21 in Appendix I to the Commission.

(2) A retest of a worker's hearing under clause 7 (1) shall be carried out in the manner prescribed under regulation 19C by —

- (a) an approved medical practitioner;
- (b) an audiologist; or
- (c) a medical practitioner registered in the speciality of otorhinolaryngology,

nominated in writing by the Executive Director.

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(3) A retest of a worker's hearing under clause 7 (1) may include —

- (a) a physical examination; and
- (b) any other appropriate investigation the approved medical practitioner or audiologist considers necessary to determine —
 - (i) whether the worker's hearing loss is noise induced;
 - (ii) whether the worker's hearing loss is due, or partly due, to ear disease;
 - (iii) whether the worker's hearing loss is due, or partly due, to a hearing loss which is noise induced but of a type which is not due to the nature of any employment in which the worker was or is engaged; and
 - (iv) any other causes of the hearing loss.

(4) Having regard to the results obtained under subregulation (3), the medical practitioner registered in the speciality of otorhinolaryngology may determine the noise induced hearing loss of the worker as a binaural noise induced hearing loss expressed as a percentage loss of hearing.

*[Regulation 19H inserted in Gazette 26 February 1991
pp.938-9.]*

Prescribed workplaces

19I. (1) For the purposes of clause 10 a prescribed workplace is a workplace or part of a workplace where a worker is receiving, or is likely to receive, noise above the action level specified in subregulation (2).

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(2) For the purposes of this regulation —

“action level” means —

- (a) an L peak of 140dB (lin); or
- (b) a representative LAeq,8h of 90dB(A);

“L peak” means the maximum unweighted sound pressure level recorded with an instrument equipped for measuring peak values in accordance with AS 1259.1-1990;

“representative LAeq,8h” means an 8 hour equivalent continuous A weighted sound pressure level, determined from the assessment of worker exposures that is typical of the operation, work pattern or process being assessed as described in AS 1269-1989 Clause 1.4.7.

[*Regulation 19I inserted in Gazette 26 February 1991
p.939.*]

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PART 4 — MISCELLANEOUS

[Heading inserted in Gazette 26 February 1991 p.939.]

Offence and penalty

20. Any person who —

- (a) does any act or thing which by these regulations he is forbidden to do;
- (b) fails or omits to do any act which by these regulations he is required to do,

commits an offence.

Penalty: \$200.

APPENDIX I

Form 1

Workers' Compensation and Rehabilitation Act 1981

ELECTION FOR SCHEDULE 2 INJURIES

[Section 24B]

I,
(name in full block letters)

of
(address)

suffered personal injury by accident in the employment of
.....
(name of employer)

on the day of 19

The injury/injuries suffered by me was/were:

(state nature of injury and percentage loss of use or loss of
efficient use of a part or faculty of the body)

*Before that disability was suffered I had previously suffered
compensable personal injury by accident to that part or faculty of the
body resulting in% loss of use of that part or faculty.

I elect to receive compensation under Schedule 2 of the *Workers'
Compensation and Rehabilitation Act 1981* which I anticipate should be
the sum of \$ representing % loss of item
..... being
(state the part of the body affected)

In making this election and upon an agreement being registered under
Division 7 of Part 3 of the Act or an award being made by a dispute
resolution body, I acknowledge that after registration or the making of
the award:

- (1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that disability;
- (2) I shall have no further entitlement in respect of that disability subsequent to the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites,

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charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses);

- (3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this percentage loss of the part or faculty of the body the subject of this election.

Dated the day of 19 .

.....
(Signature)

in the presence of:

.....
(Signature and full names
and address of witness)

*Delete if not applicable.

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Form 2

Workers' Compensation and Rehabilitation Act 1981

MEDICAL PANEL

(Sections 36 and 38)

Particulars of Claimant

Surname
Christian Names
Address
Date of Birth

DETERMINATION

1. Is, or was, the worker suffering from pneumoconiosis, mesothelioma or lung cancer?
2. If so, is, or was, the worker thereby disabled from earning full wages?
3. To what extent if any does, or did —
 - (i) pneumoconiosis;
 - (ii) mesothelioma;
 - (iii) lung cancer,cause impairment of his ability to undertake physical effort?
4. What other, if any, disease or physical condition is, or was, contributing to the worker's disablement or death and to what extent?
5. Is, or was, the worker fit for work? If so, at what level — light, moderate, or heavy?

Signed:

.....
(Chairman)
.....
(Member)
.....
(Member)

Date

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Attendance of Medical Practitioner.

I hereby certify that
of ,
a Medical Practitioner, attended the examination of the above claimant.

.....
(Chairman)

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Form 2A

[Reg 6]

Workers' Compensation and Rehabilitation Act 1981

[section 84I (1) (a)]

NOTICE OF OCCURRENCE OF DISABILITY

Name of worker:

Home address of worker:
.....

Nature and cause of disability:
.....
.....

Date disability occurred: / /

Workplace where disability occurred:
.....
.....

Signature of worker or person acting on the worker's behalf:
.....

Date of notice: / /

**THIS NOTICE OR THE INFORMATION CONTAINED IN THIS
NOTICE IS TO BE GIVEN TO THE EMPLOYER AS SOON AS
PRACTICABLE AFTER THE OCCURRENCE
OF THE DISABILITY**

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*Workers' Compensation and Rehabilitation
Regulations 1982*

Form 2B

[Reg 6AA]

Workers' Compensation and Rehabilitation Act 1981

[section 84I (1) (b)]

WORKER'S CLAIM FOR COMPENSATION

WORKER'S DETAILS

Surname:

Other names:

Address: Postcode:

Phone No.:

Date of birth: / / Age: Male/Female

Occupation:

Main tasks or duties performed:

Full time F At the time of the occurrence

Part time P were you working as a:

— direct employee? 1

— working director? 2

— contractor? 3

— employee of contractor? 4

— sub-contractor? 5

— other? 6

If you have difficulty understanding English, what is your preferred language?

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OCCURRENCE DETAILS

Day of occurrence: Date: . . . / . . . / . . . Time: am/pm

At what address did the occurrence occur?
.

Where did the occurrence occur?
.

What were you doing at the time of the occurrence?
.

Were you:

- on duty? 1
- on duty and in a road traffic accident? 2
- on a work break? 3
- doing something else, if so, what? 5

What actually happened and what caused the occurrence?
Include:

(i) what action was involved:
.

(ii) what object/machine was involved:
.

Describe:

(i) the most serious type(s) of injury or disease caused by the
occurrence:
.

(ii) bodily location of the injury or disease:
.

OCCURRENCE REPORT

1. When did you have to stop working? Date: . . . / . . . / . . .
Time: . . . :am/pm.

2. What were the normal working hours for that day?
Starting time: : am/pm.
Finishing time: : am/pm.

3. When did you first report the occurrence? Date: . . . / . . . / . . .
Time: . . . :am/pm.

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- 4. To whom did you report the occurrence?
Name:
Title:
- 5. If the occurrence was not reported immediately, state the reason: .
.....
- 6. Name and address of witness(es) to the occurrence:
.....

MEDICAL ATTENTION/HISTORY — THIS OCCURRENCE

- 1. When did you first seek medical attention? Date: / /
Time: : am/pm.
- 2. If not immediately, state reason:
.....
- 3. Was the part of the body affected or injured by this occurrence
healthy before the occurrence? Yes/No
If not, give details:
.....

MEDICAL HISTORY — SIMILAR OR RELATED PREVIOUS EVENTS

- 4. Is the present injury or disability totally attributable to this
occurrence? Yes/No
If not, give details:
.....
- 5. Give details of any similar injury or disability prior to this
occurrence:
.....
- 6. Name and address of usual medical practitioner and any person
who has treated you for a similar disability:
.....

OTHER OR PREVIOUS CLAIMS

- 1. Is compensation being claimed from any other source? Yes/No
If yes, from whom?
- 2. Give details of similar or related previous workers' compensation
claims:
Name and address of employer:
Name of insurer (if known):
Nature of injury, disease or other claim:
.....

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WORKER'S DECLARATION

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief.

I take notice that under section 59 (1) of the *Workers' Compensation and Rehabilitation Act 1981* I am required to notify my employer within 7 days should I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this day of 19...

Signature of worker:

Signature of witness:

I hereby authorize any doctor to divulge to my employer, or his or her insurer, information in relation to my claim for workers' compensation which he or she may have acquired with regard to myself.

Dated this day of 19...

Signature of worker:

Signature of witness:

NOTE: Failure to provide your signature on either of the above declarations may delay the finalization of your claim.

EMPLOYER DETAILS (To be completed by employer)

Trading name of employer:

Address of worker's usual workplace or base:

Major activity of workplace:

Name of policy holder:

Postal address: Postcode:

If a local government, name:

Insurance Co.:

Policy No.:

App. I

*Workers' Compensation and Rehabilitation
Regulations 1982*

INSURER TO COMPLETE

Insurer's date stamp: Claim No.:

Insurance Company — Please detach and forward the duplicate of this notice to the Workers' Compensation and Rehabilitation Commission.

*Workers' Compensation and Rehabilitation
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App. I

FORM 3

Workers' Compensation and Rehabilitation Act 1981

[sections 57A (1) (b) and 57B (1) (b)]

FIRST MEDICAL CERTIFICATE

= tick where appropriate. * = delete where appropriate]

A. WORKER'S DETAILS

To: (Name and address of worker's employer)

Employer's contact person: (Supervisor) Phone: . .

Worker's name in full:

Address: Phone:

Occupation: Date of birth: . . . / /19 . . .

Date and place of disability: / /19

Worker's description of how the disability occurred:
.
.

Worker's description of the injury or disease:
.

B. MEDICAL ASSESSMENT OF DISABILITY

(see definition of "disability" on reverse)

1. Date of 1st attendance: . . . / . . . /19 at: AM/PM

2. Diagnosis (include location of injury on the body, likely complications, effect of any prior injury or medical condition):
.
.

Is this diagnosis provisional? Yes No

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Workers' Compensation and Rehabilitation
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3. It is my opinion that as from the date of this certificate the worker is:

- (a) Fit.
- (b) Fit **BUT** requires further treatment.
- (c) Unfit for normal duties *for weeks days/
*until / /19 **BUT** may be fit for alternative duties. (See C.1 below)
- (d) Totally unfit for work *for weeks days/
*until / /19

4. Management and/or treatment:

- (a) Home based
- (b) At surgery
- (c) Hospital
- (d) Referred to specialist, name:
- (e) Imaging
- (f) Physiotherapy
- (g) Other (please specify)

C. VOCATIONAL REHABILITATION

(see definition of "vocational rehabilitation" on reverse)

- 1. If alternative duties are available, I am prepared to review the worker's ability to carry out those duties.
- 2. Is vocational rehabilitation likely to be necessary?
 Yes No Subject to review.
- 3. If referred to a rehabilitation provider, please specify:

This certificate has been compiled on the basis of the worker's statements to me and my physical examination of the worker. In my opinion the above diagnosis *does/does not correlate with the disability described to me by the worker.

I *will/will not review the worker.

Next appointment: . . . / . . . /19 . . . at: AM/PM

Should you wish to discuss the management and/or treatment of the worker, please contact me.

*Workers' Compensation and Rehabilitation
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Name and address of registered medical practitioner: (please print or use stamp)

..... Phone:

Signature: Date: ... / ... /19 ...

WORKER'S AUTHORITY (to be signed at the option of the worker)

I hereby authorize any doctor who treats me (whether named in this certificate or not) to give to my employer, or his or her insurer, any information in relation to my claim for worker's compensation which he or she may have acquired with regard to me.

Signature: Date: ... / ... /19 ...

REVERSE OF FORM 3

Workers' Compensation and Rehabilitation Act 1981

Extracts from section 5 of the Act:

“ [Here the form is to set out the definition of “disability” that is in the Act.] ”

[Reference should also be made to sections 5 (4) and (5) of the Act.]

“ [Here the form is to set out the definition of “vocational rehabilitation” that is in the Act.] ”

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*Workers' Compensation and Rehabilitation
Regulations 1982*

Form 3A

[Reg 6B]

Workers' Compensation and Rehabilitation Act 1981

[section 57A (3) (a)]

INSURER'S NOTICE THAT LIABILITY IS ACCEPTED

To:
1.
 [name and address of worker to whom the claim relates]

2.
 [name and address of employer]

From:
 [name and address of insurer]

Claim number:
Date of accident:
Nature of incapacity:
Date claim made by employer:

In respect of the above claim you are notified that liability is accepted
in respect of the weekly payments claimed by the worker.

Signed on behalf of the insurer:

Date:

*Workers' Compensation and Rehabilitation
Regulations 1982*

App. I

Form 3B

[Reg 6C]

Workers' Compensation and Rehabilitation Act 1981

[section 57A (3) (b)]

INSURER'S NOTICE THAT LIABILITY IS DISPUTED

To:

1.
[name and address of worker to whom the claim relates]

2.
[name and address of employer]

From:
[name and address of insurer]

Claim number:

Date of accident:

Nature of incapacity:

Date claim made by employer:

In respect of the above claim you are notified that liability is disputed
in respect of:

- * all the weekly payments claimed by the worker.
- * the following weekly payments claimed by the worker.
[provide details]

The reasons why liability is disputed are as follows:

Signed on behalf of the insurer:

Date:

[*delete if appropriate]

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Workers' Compensation and Rehabilitation
Regulations 1982

Form 3C

[Reg 6D]

Workers' Compensation and Rehabilitation Act 1981

[section 57A (3) (c)]

INSURER'S NOTICE WHERE NO DECISION ABOUT LIABILITY

To:

1.
 [name and address of worker to whom the claim relates]

2.
 [name and address of employer]

3. Director of Conciliation and Review

From:
 [name and address of insurer]

Claim number:

Date of accident:

Nature of incapacity:

Date claim made by employer:

In respect of the above claim you are notified that a decision as to whether or not liability is to be accepted in respect of the weekly payments claimed by the worker is not able to be made within the time allowed by section 57A (3) of the Act.

The reasons why the decision is not able to be made are as follows: . . .

.....
.....

Signed on behalf of the insurer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

*Workers' Compensation and Rehabilitation
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Form 3D

[Reg 6E]

Workers' Compensation and Rehabilitation Act 1981

[section 57B (2) (b)]

**UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE
THAT LIABILITY IS DISPUTED**

To:
[name and address of worker to whom the claim relates]

From:
[name and address of uninsured or self-insured employer]

Claim number:

Date of accident:

Nature of incapacity:

Date claim made by worker:

In respect of the above claim you are notified that liability is disputed
in respect of the weekly payments claimed by you.

The reasons why liability is disputed are as follows:

.....
.....

Signed on behalf of the uninsured or self-insured employer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a
dispute to the Director of Conciliation and Review for conciliation. You
may obtain advice from the Workers' Compensation and Rehabilitation
Commission.

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*Workers' Compensation and Rehabilitation
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Form 3E

[Reg 6F]

Workers' Compensation and Rehabilitation Act 1981

[section 57B (2) (c)]

**UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE
WHERE NO DECISION ABOUT LIABILITY**

To:

1.
[name and address of worker to whom the claim relates]
.....

2. Director of Conciliation and Review

From:
[name and address of uninsured or self-insured employer]
.....

Claim number:

Date of accident:

Nature of incapacity:
.....

Date claim made by worker:

In respect of the above claim you are notified that a decision as to whether or not liability to make the weekly payments claimed by the worker is not able to be made within the time allowed by section 57B (2) of the Act.

The reasons why the decision is not able to be made are as follows: . . .
.....
.....

Signed on behalf of the uninsured or self-insured employer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

*Workers' Compensation and Rehabilitation
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FORM 4

Workers' Compensation and Rehabilitation Act 1981

[section 61 (1)]

FINAL MEDICAL CERTIFICATE

[= tick where appropriate. * = delete where appropriate]

A. WORKER'S DETAILS

To: (Name and address of worker's employer)

.....

Worker's name in full:

Address:

Phone:

Date and place of occurrence of disability: / /19

B. MEDICAL ASSESSMENT OF DISABILITY

(see definition of "disability" on reverse)

1. Date of this attendance: ... / ... /19 ... at: ... AM/PM

2. Having examined the worker, it is my opinion that
as from ... / ... /19

(a) the worker has wholly recovered from the
effects of the disability; **OR**

(b) the worker has partially recovered from the
effects of the disability; **OR**

(c) the worker's incapacity is no longer a result of
the disability.

3. It is also my opinion that as from ... / ... / 19. ... the
worker is —

(a) Fit.

(b) Fit for alternative duties with the following
limitations:
.....
.....

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*Workers' Compensation and Rehabilitation
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4. Grounds for the opinions in items 2 and 3 above:
(include clinical findings and diagnosis if necessary)

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

Name and address of registered medical practitioner: (please print or use stamp)

.....
..... Phone:
Signature: Date: ... / ... /19

REVERSE OF FORM 4

Workers' Compensation and Rehabilitation Act 1981

Extracts from section 5 of the Act:

“ [Here the form is to set out the definition of “disability” that is in the Act.] ”

[Reference should also be made to sections 5 (4) and (5) of the Act.]

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Form 5

Workers' Compensation and Rehabilitation Act 1981

NOTICE TO WORKER OF INTENTION TO DISCONTINUE OR
REDUCE PAYMENTS

(Section 61 (1) (2))

TO:
(Name and address of worker)

TAKE NOTICE that your employer
(name of employer)
intends, after 21 clear days from the date of service upon you of this
notice, to *discontinue the weekly payments of compensation/reduce the
weekly payments on the following basis —

- (1) this notice is based upon the report(s) of
..... dated 19
(names of medical practitioners and dates of reports)

sent with this notice, in which it is said that (state
concisely the ground relied upon by the employer);

- (2) you may, if you dispute the employer's right to discontinue
or reduce the weekly payments within the 21 days referred
to in this notice apply to the Director of Conciliation and
Review for an order that the weekly payments shall not be
discontinued or reduced;
- (3) if you do not so apply, weekly payments may be lawfully
discontinued or reduced;

[(4) *deleted*]

- (5) you may obtain information from the Workers'
Compensation and Rehabilitation Commission situated
at as to the ways
(address of Commission)

and means available to you to establish or protect your
rights in respect of your disability.

Dated the day of 19

.....
Signed on behalf of the employer.

* Delete whichever is inapplicable.

Workers' Compensation and Rehabilitation
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FORM 6

Workers' Compensation and Rehabilitation Act 1981
[section 69]

DECLARATIONS IN RESPECT OF WORKER
NOT RESIDING IN W.A.

[= tick where appropriate. * = delete where appropriate]

To: (name and address of employer or employer's insurer)
.....
.....

A. WORKER'S SECTION

I,
(full name of worker)
of
(residential address)

..... Postcode:
Occupation: Date of birth: .. / .. /19 ..

*being duly sworn, say that/do solemnly and sincerely affirm that —

1. The above details about me are correct.
2. I reside at the above address.
3. On ... / ... /19 ... I suffered a disability when employed by ...
.....
(name and address of employer)
.....

*Sworn/affirmed at)
in (State or country))
this day of 19)

Before me:
(a person having authority
to administer an oath)

B. DOCTOR'S SECTION

I,
(full name of medical practitioner)
of
(address)
..... Postcode:

*Workers' Compensation and Rehabilitation
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*being duly sworn, say that/do solemnly and sincerely affirm that —

1. I am a duly qualified medical practitioner.
2. On / / 19 I examined the above person and am of the opinion that he/she is —
 - (a) Fit.
 - (b) Fit for alternative duties with the following limitations:
.
 - (c) Totally unfit for work.

*Sworn/affirmed at)
in (State or country))
this day of 19)

Before me:
(a person having authority
to administer an oath)

**IF A WORKER RESIDES OUTSIDE THE STATE, PROOF OF THE
WORKER'S IDENTITY AND CONTINUING INCAPACITY IS
REQUIRED EVERY 3 MONTHS**

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*Workers' Compensation and Rehabilitation
Regulations 1982*

[Forms 7, 8, 9, 10, 11 and 12 deleted]

Form 13

[Reg. 10B (3)]

Workers' Compensation and Rehabilitation Act 1981

**REQUIREMENT TO ATTEND BEFORE A MEDICAL
ASSESSMENT PANEL**

You are required to attend before a medical assessment panel at
.....
at the hour of
on the
day of 19

* and at that time to produce to the panel

.....
(specified documents)

* *delete if inapplicable*

Dated

.....
CHAIRMAN
Medical Assessment Panel

*Workers' Compensation and Rehabilitation
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App. I

Form 14

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RECEIVE REDEMPTION AMOUNT

(Schedule 5, Clause 3)

I, of
(name of worker) (address)
having attained the age of 65 years on the day of
19, having suffered from pneumoconiosis/mesothelioma/lung
cancer and being entitled to weekly payments of compensation in
accordance with Schedule 1 of the Act, elect to receive the redemption
amount of \$ as a lump sum.

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. I shall have no further entitlement from the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical and other expenses, hospital charges and travelling costs).
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17 (2) of Schedule 1 shall not apply: that is, in general terms dependants of mine, whether totally or partially dependent, shall have no entitlement to payment, benefit, allowance or expenses (funeral or otherwise).

Dated the day of 19 .. .

Signed by the worker
in the presence of:

.....
.....
.....
(Signature and full names of witness).

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Form 15

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT

(Schedule 5, Clause 3)

I, of
(name of worker) (address)
having attained the age of 65 years on the day of
19, having suffered from pneumoconiosis/mesothelioma/lung
cancer and being entitled to weekly payments of compensation in
accordance with Schedule 1 of the Act, elect to receive the
supplementary amount having *a/*no dependant spouse, being
currently the sum of \$

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. If my death results from that disability and a dependant spouse survives me then that spouse is entitled to a lump sum calculated in accordance with clause 6 of Schedule 5 and the supplementary amount at the rate for a worker without a dependant spouse.
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17 (2) of Schedule 1 shall not apply: that is, in general terms, dependants of mine, whether totally or partially dependent, shall have no entitlement to any payment, benefit, allowance or expense (funeral or otherwise).

Dated the day of 19 ..

Signed by the worker
in the presence of:

.....
.....
.....
(Signature and full names of witness).

* Delete whichever is inapplicable.

*Workers' Compensation and Rehabilitation
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Form 15A

[Reg. 12 (4)]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF MEMORANDUM HAVING BEEN RECEIVED

Ref.

TAKE NOTICE

1. That a Memorandum, copy of which is hereto annexed, has been sent to me for registration. The Memorandum appears to affect you.
2. I therefore request you to inform me within 7 days from this date whether you admit the genuineness of the Memorandum, or whether you dispute it, and if so, in what particulars, or object to its being recorded, and if so, on what ground.
3. If the Memorandum is recorded it is enforceable as an award or order.
4. If you have any doubts as to the effect of the agreement, or your rights to compensation generally you should contact me immediately.

Dated this day of 19

.....
Director of Conciliation and Review

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*Workers' Compensation and Rehabilitation
Regulations 1982*

Form 15B

[Reg. 12 (5)]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF RECORDING OF MEMORANDUM OF AGREEMENT

Ref.

YOU ARE NOTIFIED

That a memorandum of the agreement entered into between

.....

and

.....

the abovenamed parties, and dated the day of
19 has now been recorded in the Register under section 76 of the
Workers' Compensation and Rehabilitation Act 1981.

The Agreement has been numbered

You may, without fee, obtain a certificate of the memorandum and its
recording.

Dated this day of 19

.....
Director of Conciliation and Review

*Workers' Compensation and Rehabilitation
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Form 16

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES

CONFIDENTIAL

(SECTION 171 (1) (a))

NEW/RENEWED POLICIES/COVER NOTES

Name of approved insurance office

Address

Executive Director, Workers' Compensation and Rehabilitation
Commission.

The following are the names, addresses and occupations of each
employer who has during the month of 19.....
effected or renewed a policy or contract of insurance with the above
office against liability under the Act.

Policy/ Cover Note No.	New (N) Renewal (R)	Name	Address	Occupation	Effective Date (If Less Than 12 Months Cover)	Expiry Date

Position held by officer Date

.....
Signature of responsible officer

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*Workers' Compensation and Rehabilitation
Regulations 1982*

Form 17

Workers' Compensation and Rehabilitation Act 1981

**MONTHLY STATEMENT BY APPROVED INSURANCE
OFFICERS**

CONFIDENTIAL

(SECTION 171 (1) (b))

LAPSED POLICIES

Name of approved insurance office

Address Date approved

Executive Director, Workers' Compensation and Rehabilitation
Commission.

The following are the names, addresses and occupations of each
employer in respect to whom, during the month of 19.....
the above approved insurance office has, in its books, lapsed a policy of
insurance under the Act: —

Policy No.	Name	Address	Occupation	Reason

Position held by officer Date

.....
Signature of responsible officer

*Workers' Compensation and Rehabilitation
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Form 18

Workers' Compensation and Rehabilitation Act 1981 [Reg. 19D]

NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST

TO:
(full name of worker)

of:
.....
(full address of worker)

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by

.....
(name of person approved under regulation 19B)

of
(full address at which test is to be conducted)

at a.m./p.m. on

.....
(Signature of person arranging test)

.....
(name of employer) (date)

NON-ATTENDANCE: A worker shall not, without reasonable excuse, fail to submit himself for an audiometric test of which the worker has notice (regulation 19D (3)).

PERIOD OF QUIET: An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours immediately preceding the audiometric test (regulation 19D (3)).

PENALTY: \$200.

Workers' Compensation and Rehabilitation
Regulations 1982

FORM 19A

[Reg. 19F]

WORKERS' COMPENSATION AND REHABILITATION ACT 1981

REPORT OF BASELINE AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric *test/retest of:

WORKER'S DETAILS

[Empty grid box for worker details]

GIVEN NAMES (in full)

[Empty grid box for given names]

SEX

SURNAME

M

F

[Empty grid box for surname]

ADDRESS NUMBER AND STREET

[Empty grid box for address]

SUBURB OR TOWN

POSTCODE

DATE OF BIRTH

[Empty grid box for date of birth]

[Empty grid box for home phone number]

[Empty grid box for work phone number]

DAY MONTH YEAR

HOME PHONE NUMBER

WORK PHONE NUMBER

OCCUPATION OF WORKER

A.S.I.C. OFFICE USE

EMPLOYED BY:

[Empty grid box for employer name]

FULL NAME OF EMPLOYER

[Empty grid box for employer address]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Empty grid box for employer suburb]

SUBURB OR TOWN

POSTCODE

PREDOMINANT INDUSTRY OF EMPLOYER

A.S.I.C. OFFICE USE

LEVEL OF TEST:

PURPOSE OF TEST:

Air-conduction

Baseline

Full audiological

Medical Panel

Workers' Compensation and Rehabilitation
Regulations 1982

FORM 19B

[Reg. 19F]

WORKERS' COMPENSATION AND REHABILITATION ACT 1981

REPORT OF SUBSEQUENT/RETIRING/TURNING 65
AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric *test/retest of:

WORKER'S DETAILS

[Grid for worker details]

GIVEN NAMES (in full)

SEX

[Grid for given names]

SURNAME

M F

[Grid for surname]

FORMER SURNAME IF APPLICABLE

[Grid for former surname]

ADDRESS NUMBER AND STREET

[Grid for address]

SUBURB OR TOWN

POSTCODE

DATE OF BIRTH

[Grid for date of birth]

[Grid for home phone number]

[Grid for work phone number]

DAY MONTH YEAR

HOME PHONE NUMBER

WORK PHONE NUMBER

OCCUPATION OF WORKER

A.S.I.C. OFFICE USE

EMPLOYED OR FORMERLY EMPLOYED BY:

[Grid for employer name]

FULL NAME OF EMPLOYER

[Grid for employer address]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Grid for employer suburb]

SUBURB OR TOWN

POSTCODE

PREDOMINANT INDUSTRY OF EMPLOYER

A.S.I.C. OFFICE USE

LEVEL OF TEST:

Air-conduction
Full audiological
Medical Panel

PURPOSE OF TEST:

Subsequent
Retired/Turning 65

*Workers' Compensation and Rehabilitation
Regulations 1982*

App. I

HEARING TEST RESULTS

HERTZ (Hz)		500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR								
	RT EAR **MASKED								
	LT EAR								
	LT EAR **MASKED								
**BONE CONDUCTION	RT EAR								
	RT EAR MASKED								
	LT EAR								
	LT EAR MASKED								

CALCULATED PLH %
OFFICE USE

***CALCULATED
NOISE INDUCED %
PLH SINCE BASELINE TEST/PREVIOUS ELECTION*

OTORHINOLARYNGOLOGICAL EXAMINATION	
Practitioner	
Address	
Signature	Date

PERSON CONDUCTING TEST

<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME	INITIALS	REG. NO.
EQUIPMENT REG. NO. <input type="text"/>	BOOTH REG. NO. <input type="text"/>	

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

DATE OF TEST

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

SIGNATURE _____

* Delete which doesn't apply
 ** Approved Medical Practitioners or Audiologists Only
 *** Registered Otorhinolaryngologist Only

App. I

*Workers' Compensation and Rehabilitation
Regulations 1982*

Form 20

[Reg. 19G]

Workers' Compensation and Rehabilitation Act 1981

**APPLICATION FOR REFERENCE TO MEDICAL ASSESSMENT
PANEL**

TO: DIRECTOR OF CONCILIATION AND REVIEW
WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

NAME OF WORKER:

ADDRESS OF WORKER:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

I, being an *employer/worker hereby request that a medical assessment panel be appointed under Clause 6 of Schedule 7 to enquire into and report on the following matters —

**

.....
Signature of Applicant

.....
Date

* Strike out whichever does not apply.

** Here insert any question that arises concerning the audiometric testing or hearing loss of the worker.

Note: The prescribed fee is \$50.00 and must accompany this form.

*Workers' Compensation and Rehabilitation
Regulations 1982*

App. I

Form 21

[Reg. 19H]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF DISPUTE

TO: EXECUTIVE DIRECTOR
WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

NAME OF WORKER:

ADDRESS OF WORKER:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

I, being an *employer/worker hereby notify you that I dispute the results of an audiometric test conducted on the above worker on (date)...../...../19... and request that you arrange a retest of hearing under regulation 19H.

.....
Signature of Applicant

.....
Date

* Strike out whichever does not apply.

[Appendix I Corrigendum in Gazette 23 April 1982 p.1384; amended in Gazettes 27 August 1982 p.3427; 25 July 1986 pp.2486-7; 26 February 1991 p.939; 8 March 1991 pp.1072-6; 28 June 1991 p.3291-4; 3 April 1992 pp.1543-5; 5 February 1993 pp.1059-60; 29 October 1993 p.5930; 24 December 1993 pp.6845-50; 18 February 1994 pp.662-4; 24 June 1994 p.2889.]

WORKERS' COMPENSATION AND REHABILITATION COMMISSION — APPENDIX II
TABLE SHOWING PRESENT VALUES OF \$1.00 PER ANNUM PAYABLE WEEKLY ASSUMING AN EFFECTIVE EARNING RATE OF 3% PER ANNUM

Years	Weeks												
	0	1	2	3	4	5	6	7	8	9	10	11	12
0	0.000 00	0.019 22	0.038 43	0.057 63	0.076 81	0.095 99	0.115 16	0.134 31	0.153 45	0.172 59	0.191 71	0.210 82	0.229 92
1	0.985 09	1.003 75	1.022 39	1.041 03	1.059 66	1.078 28	1.096 89	1.115 48	1.134 07	1.152 64	1.171 21	1.189 76	1.208 31
2	1.941 48	1.959 59	1.977 70	1.995 80	2.013 88	2.031 96	2.050 02	2.068 08	2.086 12	2.104 16	2.122 18	2.140 20	2.158 20
3	2.870 02	2.887 60	2.905 18	2.922 75	2.940 31	2.957 86	2.975 40	2.992 93	3.010 45	3.027 96	3.045 46	3.062 94	3.080 42
4	3.771 51	3.788 58	3.805 65	3.822 71	3.839 76	3.856 79	3.873 82	3.890 84	3.907 85	3.924 85	3.941 84	3.958 82	3.975 79
5	4.646 74	4.663 32	4.679 89	4.696 45	4.713 00	4.729 55	4.746 08	4.762 60	4.779 11	4.795 62	4.812 11	4.828 60	4.845 07
6	5.496 49	5.512 58	5.528 67	5.544 75	5.560 82	5.576 88	5.592 93	5.608 97	5.625 00	5.641 02	5.657 04	5.673 04	5.689 04
7	6.321 48	6.337 11	6.352 73	6.368 34	6.383 94	6.399 53	6.415 11	6.430 69	6.446 25	6.461 81	6.477 36	6.492 89	6.508 42
8	7.122 44	7.137 62	7.152 78	7.167 94	7.183 08	7.198 22	7.213 35	7.228 47	7.243 58	7.258 69	7.273 78	7.288 87	7.303 94
9	7.900 08	7.914 81	7.929 53	7.944 25	7.958 95	7.973 65	7.988 34	8.003 02	8.017 69	8.032 35	8.047 01	8.061 65	8.076 29
10	8.655 97	8.669 37	8.683 66	8.697 95	8.712 22	8.726 49	8.740 75	8.755 00	8.769 25	8.783 49	8.797 71	8.811 93	8.826 15
11	9.388 06	9.401 95	9.415 82	9.429 69	9.443 55	9.457 41	9.471 25	9.485 09	9.498 92	9.512 74	9.526 55	9.540 36	9.554 16
12	10.099 71	10.113 19	10.126 66	10.140 13	10.153 58	10.167 03	10.180 48	10.193 91	10.207 34	10.220 76	10.234 17	10.247 57	10.260 97
13	10.790 63	10.803 71	10.816 79	10.829 87	10.842 93	10.855 99	10.869 04	10.882 09	10.895 12	10.908 15	10.921 17	10.934 18	10.947 19
14	11.461 42	11.474 13	11.486 83	11.499 52	11.512 20	11.524 88	11.537 55	11.550 22	11.562 87	11.575 52	11.588 16	11.600 80	11.613 42
15	12.112 68	12.125 02	12.137 35	12.149 67	12.161 98	12.174 29	12.186 59	12.198 89	12.211 17	12.223 46	12.235 73	12.248 00	12.260 26
16	12.744 97	12.756 94	12.768 92	12.780 88	12.792 84	12.804 79	12.816 73	12.828 67	12.840 59	12.852 52	12.864 43	12.876 34	12.888 25
17	13.358 84	13.370 47	13.382 09	13.393 71	13.405 31	13.416 92	13.428 51	13.440 10	13.451 68	13.463 26	13.474 83	13.486 39	13.497 94
18	13.954 83	13.966 12	13.977 41	13.988 68	13.999 95	14.011 22	14.022 47	14.033 73	14.044 97	14.056 21	14.067 44	14.078 67	14.089 89
19	14.533 47	14.544 43	14.555 38	14.566 33	14.577 27	14.588 21	14.599 14	14.610 06	14.620 98	14.631 89	14.642 79	14.653 69	14.664 59
20	15.095 25	15.105 89	15.116 52	15.127 15	15.137 78	15.148 39	15.159 01	15.169 61	15.180 21	15.190 80	15.201 39	15.211 97	15.222 55
21	15.640 66	15.651 00	15.661 32	15.671 64	15.681 96	15.692 26	15.702 57	15.712 86	15.723 15	15.733 44	15.743 72	15.753 99	15.764 26
22	16.170 20	16.180 23	16.190 25	16.200 27	16.210 29	16.220 29	16.230 30	16.240 29	16.250 28	16.260 27	16.270 25	16.280 22	16.290 19
23	16.684 31	16.694 04	16.703 78	16.713 50	16.723 23	16.732 94	16.742 65	16.752 36	16.762 06	16.771 75	16.781 44	16.791 13	16.800 80
24	17.183 44	17.192 89	17.202 34	17.211 79	17.221 23	17.230 66	17.240 09	17.249 51	17.258 93	17.268 34	17.277 75	17.287 15	17.296 54
25	17.668 04	17.677 22	17.686 39	17.695 56	17.704 72	17.713 88	17.723 04	17.732 18	17.741 33	17.750 46	17.759 60	17.768 72	17.777 85
26	18.138 52	18.147 43	18.156 34	18.165 24	18.174 14	18.183 03	18.191 92	18.200 80	18.209 67	18.218 55	18.227 41	18.236 27	18.245 13
27	18.595 30	18.603 95	18.612 60	18.621 24	18.629 88	18.638 51	18.647 14	18.655 76	18.664 38	18.672 99	18.681 60	18.690 21	18.698 80
28	19.038 77	19.047 17	19.055 57	19.063 96	19.072 35	19.080 73	19.089 10	19.097 48	19.105 84	19.114 21	19.122 56	19.130 92	19.139 26
29	19.469 33	19.477 49	19.485 64	19.493 78	19.501 93	19.510 06	19.518 20	19.526 32	19.534 45	19.542 57	19.550 68	19.558 79	19.566 90
30	19.887 35	19.895 27	19.903 18	19.911 09	19.918 99	19.926 89	19.934 79	19.942 68	19.950 57	19.958 45	19.966 33	19.974 20	19.982 07
31	20.293 19	20.300 88	20.308 56	20.316 24	20.323 91	20.331 58	20.339 25	20.346 91	20.354 57	20.362 22	20.369 87	20.377 51	20.385 15
32	20.687 21	20.694 67	20.702 13	20.709 59	20.717 04	20.724 49	20.731 93	20.739 37	20.746 80	20.754 23	20.761 66	20.769 08	20.776 50
33	21.069 76	21.077 00	21.084 24	21.091 48	21.098 72	21.105 95	21.113 17	21.120 39	21.127 61	21.134 83	21.142 03	21.149 24	21.156 44
34	21.441 16	21.448 19	21.455 23	21.462 25	21.469 28	21.476 30	21.483 31	21.490 32	21.497 33	21.504 33	21.511 33	21.518 33	21.525 32
35	21.801 74	21.808 57	21.815 40	21.822 22	21.829 04	21.835 86	21.842 67	21.849 48	21.856 28	21.863 08	21.869 87	21.876 67	21.883 45
36	22.151 83	22.158 46	22.165 09	22.171 71	22.178 33	22.184 95	22.191 56	22.198 17	22.204 77	22.211 38	22.217 97	22.224 57	22.231 16
37	22.491 71	22.498 15	22.504 59	22.511 02	22.517 45	22.523 87	22.530 29	22.536 71	22.543 12	22.549 53	22.555 93	22.562 33	22.568 73
38	22.821 70	22.827 95	22.834 20	22.840 44	22.846 68	22.852 92	22.859 15	22.865 38	22.871 61	22.877 83	22.884 05	22.890 26	22.896 48
39	23.142 08	23.148 14	23.154 21	23.160 27	23.166 33	23.172 39	23.178 44	23.184 48	23.190 53	23.196 57	23.202 61	23.208 64	23.214 67
40	23.453 12	23.459 01	23.464 90	23.470 79	23.476 68	23.482 55	23.488 42	23.494 29	23.500 16	23.506 03	23.511 89	23.517 75	23.523 60
41	23.755 10	23.760 83	23.766 54	23.772 26	23.777 97	23.783 67	23.789 38	23.795 08	23.800 78	23.806 47	23.812 16	23.817 85	23.823 54
42	24.048 29	24.053 85	24.059 40	24.064 95	24.070 49	24.076 03	24.081 57	24.087 10	24.092 64	24.098 16	24.103 69	24.109 21	24.114 73
43	24.332 94	24.338 34	24.343 74	24.349 11	24.354 49	24.359 87	24.365 25	24.370 62	24.375 99	24.381 36	24.386 73	24.392 09	24.397 45
44	24.609 30	24.614 54	24.619 77	24.625 00	24.630 22	24.635 45	24.640 67	24.645 88	24.651 10	24.656 31	24.661 52	24.666 72	24.671 93
45	24.877 61	24.882 60	24.887 77	24.892 85	24.897 92	24.903 00	24.908 06	24.913 13	24.918 19	24.923 25	24.928 31	24.933 36	24.938 41
46	25.138 11	25.143 04	25.147 97	25.152 90	25.157 83	25.162 75	25.167 67	25.172 59	25.177 50	25.182 42	25.187 32	25.192 23	25.197 13
47	25.391 01	25.395 89	25.400 79	25.405 68	25.410 56	25.415 44	25.419 92	25.424 40	25.428 96	25.433 63	25.438 80	25.443 56	25.448 32
48	25.636 55	25.641 21	25.645 85	25.650 50	25.655 14	25.659 78	25.664 42	25.669 06	25.673 69	25.678 32	25.682 95	25.687 57	25.692 19
49	25.874 94	25.879 16	25.883 37	25.887 58	25.891 79	25.895 99	25.900 19	25.904 39	25.908 50	25.911 60	25.915 69	25.919 78	25.923 86
50	26.106 39	26.110 77	26.115 16	26.119 54	26.123 91	26.128 29	26.132 66	26.137 03	26.141 39	26.145 76	26.150 12	26.154 48	26.158 84

APPENDIX II — continued

Years	13	14	15	16	17	18	19	20	21	22	23	24	25
	Weeks												
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
0	0.249 01	0.268 09	0.287 15	0.306 21	0.325 26	0.344 29	0.363 32	0.382 33	0.401 33	0.420 32	0.439 30	0.458 27	0.477 23
1	1.226 84	1.245 36	1.263 88	1.282 38	1.300 87	1.319 35	1.337 82	1.356 28	1.374 73	1.393 17	1.411 59	1.430 01	1.448 42
2	2.176 19	2.194 18	2.212 15	2.230 11	2.248 06	2.266 01	2.283 94	2.301 86	2.319 77	2.337 67	2.355 56	2.373 45	2.391 32
3	3.097 89	3.115 35	3.132 80	3.150 24	3.167 67	3.185 09	3.202 50	3.219 90	3.237 29	3.254 67	3.272 04	3.289 40	3.306 75
4	3.992 75	4.009 70	4.026 64	4.043 57	4.060 49	4.077 41	4.094 31	4.111 20	4.128 09	4.144 96	4.161 82	4.178 68	4.195 52
5	4.861 54	4.878 00	4.894 44	4.910 88	4.927 31	4.943 73	4.960 14	4.976 54	4.992 94	5.009 32	5.025 69	5.042 05	5.058 41
6	5.705 03	5.721 00	5.736 97	5.752 93	5.768 88	5.784 82	5.800 76	5.816 68	5.832 60	5.848 50	5.864 40	5.880 28	5.896 16
7	6.523 95	6.539 46	6.554 96	6.570 46	6.585 94	6.601 42	6.616 89	6.632 35	6.647 80	6.663 24	6.678 67	6.694 10	6.709 51
8	7.319 01	7.334 07	7.349 13	7.364 17	7.379 20	7.394 23	7.409 25	7.424 26	7.439 26	7.454 25	7.469 23	7.484 21	7.499 18
9	8.090 92	8.105 55	8.120 16	8.134 76	8.149 36	8.163 95	8.178 53	8.193 10	8.207 67	8.222 22	8.236 77	8.251 31	8.265 84
10	8.840 35	8.854 55	8.868 73	8.882 91	8.897 09	8.911 25	8.925 41	8.939 55	8.953 69	8.967 83	8.981 95	8.996 06	9.010 17
11	9.567 95	9.581 73	9.595 51	9.609 27	9.623 03	9.636 78	9.650 53	9.664 26	9.677 99	9.691 71	9.705 42	9.719 13	9.732 82
12	10.274 36	10.287 74	10.301 11	10.314 48	10.327 84	10.341 19	10.354 53	10.367 87	10.381 19	10.394 51	10.407 83	10.421 13	10.434 43
13	10.960 19	10.973 18	10.986 16	10.999 14	11.012 11	11.025 07	11.037 93	11.050 79	11.063 65	11.076 51	11.089 37	11.102 22	11.115 06
14	11.626 05	11.638 66	11.651 26	11.663 86	11.676 45	11.689 04	11.701 62	11.714 19	11.726 75	11.739 30	11.751 85	11.764 39	11.776 93
15	12.272 51	12.284 75	12.296 99	12.309 22	12.321 45	12.333 67	12.345 88	12.358 08	12.370 28	12.382 47	12.394 65	12.406 83	12.419 00
16	12.900 14	12.912 03	12.923 91	12.935 79	12.947 66	12.959 52	12.971 37	12.983 22	12.995 06	13.006 90	13.018 73	13.030 55	13.042 36
17	13.509 49	13.521 04	13.532 57	13.544 10	13.555 63	13.567 14	13.578 65	13.590 16	13.601 65	13.613 14	13.624 63	13.636 10	13.647 57
18	14.101 10	14.113 31	14.125 51	14.137 70	14.149 89	14.162 07	14.174 24	14.186 41	14.198 57	14.210 73	14.222 88	14.234 02	14.245 16
19	14.675 47	14.688 35	14.697 23	14.708 09	14.718 96	14.729 81	14.740 66	14.751 50	14.762 34	14.773 17	14.784 00	14.794 81	14.805 63
20	15.233 12	15.245 68	15.258 24	15.269 79	15.275 33	15.285 87	15.296 41	15.306 93	15.317 45	15.327 97	15.338 48	15.348 98	15.359 48
21	15.774 52	15.784 77	15.795 02	15.805 27	15.815 51	15.825 74	15.835 96	15.846 19	15.856 40	15.866 61	15.876 81	15.887 01	15.897 20
22	16.300 15	16.310 11	16.320 06	16.330 01	16.339 95	16.349 88	16.359 81	16.369 73	16.379 65	16.389 56	16.399 47	16.409 37	16.419 26
23	16.810 48	16.820 14	16.829 80	16.839 46	16.849 11	16.858 75	16.868 39	16.877 93	16.887 66	16.897 28	16.906 90	16.916 51	16.926 12
24	17.305 94	17.315 32	17.324 70	17.334 08	17.343 44	17.352 81	17.362 17	17.371 52	17.380 87	17.390 21	17.399 55	17.408 88	17.418 21
25	17.786 96	17.796 08	17.805 18	17.814 28	17.823 38	17.832 47	17.841 56	17.850 64	17.859 71	17.868 79	17.877 85	17.886 91	17.895 97
26	18.253 98	18.262 83	18.271 67	18.280 51	18.289 34	18.298 16	18.306 99	18.315 80	18.324 61	18.333 42	18.342 22	18.351 02	18.359 81
27	18.707 40	18.715 99	18.724 57	18.733 15	18.741 72	18.750 29	18.758 86	18.767 42	18.775 97	18.784 52	18.793 07	18.801 61	18.810 14
28	19.147 61	19.155 95	19.164 28	19.172 61	19.180 93	19.189 25	19.197 57	19.205 88	19.214 18	19.222 49	19.230 78	19.239 07	19.247 36
29	19.575 60	19.583 09	19.591 18	19.599 27	19.607 35	19.615 43	19.623 50	19.631 57	19.639 63	19.647 69	19.655 75	19.663 80	19.671 84
30	19.989 94	19.997 80	20.005 65	20.013 50	20.021 35	20.029 19	20.037 03	20.044 86	20.052 69	20.060 51	20.068 33	20.076 15	20.083 96
31	20.392 79	20.400 42	20.408 05	20.415 67	20.423 29	20.430 90	20.438 51	20.446 12	20.453 72	20.461 31	20.468 91	20.476 49	20.484 08
32	20.783 91	20.791 32	20.798 72	20.806 12	20.813 52	20.820 91	20.828 30	20.835 68	20.843 06	20.850 44	20.857 81	20.865 18	20.872 54
33	21.164 64	21.170 83	21.178 02	21.185 21	21.192 39	21.199 56	21.206 74	21.213 90	21.221 07	21.228 23	21.235 39	21.242 54	21.249 69
34	21.532 31	21.539 29	21.546 27	21.553 25	21.560 22	21.567 19	21.574 15	21.581 11	21.588 06	21.595 02	21.601 96	21.608 91	21.615 85
35	21.890 24	21.897 02	21.903 79	21.910 57	21.917 34	21.924 10	21.930 86	21.937 62	21.944 37	21.951 12	21.957 87	21.964 61	21.971 35
36	22.237 74	22.244 33	22.250 90	22.257 48	22.264 05	22.270 62	22.277 18	22.283 74	22.290 30	22.296 85	22.303 40	22.309 95	22.316 49
37	22.575 11	22.581 32	22.587 91	22.594 29	22.600 67	22.607 05	22.613 42	22.619 79	22.626 15	22.632 51	22.638 87	22.645 23	22.651 58
38	22.902 68	22.908 89	22.915 09	22.921 29	22.927 48	22.933 67	22.939 86	22.946 04	22.952 22	22.958 40	22.964 57	22.970 74	22.976 91
39	23.220 70	23.226 73	23.232 75	23.238 76	23.244 78	23.250 79	23.256 79	23.262 80	23.268 80	23.274 79	23.280 79	23.286 78	23.292 76
40	23.529 46	23.535 30	23.541 15	23.546 99	23.552 83	23.558 67	23.564 50	23.570 33	23.576 15	23.581 97	23.587 79	23.593 61	23.599 42
41	23.829 22	23.834 89	23.840 57	23.846 24	23.851 91	23.857 58	23.863 24	23.868 90	23.874 55	23.880 20	23.885 85	23.891 50	23.897 14
42	24.120 25	24.125 76	24.131 27	24.136 78	24.142 28	24.147 78	24.153 28	24.158 77	24.164 26	24.169 75	24.175 23	24.180 72	24.186 19
43	24.402 80	24.408 15	24.413 50	24.418 85	24.424 19	24.429 53	24.434 87	24.440 20	24.445 53	24.450 86	24.456 19	24.461 51	24.466 83
44	24.677 12	24.682 32	24.687 51	24.692 71	24.697 89	24.703 08	24.708 26	24.713 44	24.718 61	24.723 79	24.728 96	24.734 12	24.739 29
45	24.943 46	24.948 50	24.953 55	24.958 59	24.963 62	24.968 66	24.973 69	24.978 71	24.983 74	24.988 76	24.993 78	24.998 80	25.003 81
46	25.202 04	25.206 93	25.211 83	25.216 72	25.221 61	25.226 50	25.231 39	25.236 26	25.241 14	25.246 02	25.250 89	25.255 76	25.260 63
47	25.453 08	25.457 84	25.462 59	25.467 34	25.472 09	25.476 83	25.481 57	25.486 31	25.491 05	25.495 78	25.500 51	25.505 24	25.509 97
48	25.696 81	25.701 43	25.706 05	25.710 66	25.715 27	25.719 87	25.724 47	25.729 08	25.733 68	25.738 27	25.742 87	25.747 46	25.752 04
49	25.933 45	25.937 93	25.942 41	25.946 89	25.951 36	25.955 84	25.960 31	25.964 77	25.969 24	25.973 70	25.978 16	25.982 62	25.987 07
50	26.163 19	26.167 54	26.171 89	26.176 24	26.180 58	26.184 93	26.189 27	26.193 60	26.197 94	26.202 27	26.206 60	26.210 93	26.215 25

APPENDIX II — continued

Years	Weeks													
	26	27	28	29	30	31	32	33	34	35	36	37	38	39
0	0.496 18	0.515 12	0.534 05	0.552 96	0.571 87	0.590 76	0.609 65	0.628 52	0.647 38	0.666 24	0.685 08	0.703 91	0.722 73	0.741 54
1	1.466 82	1.485 20	1.503 58	1.521 94	1.540 30	1.558 64	1.576 98	1.595 30	1.613 61	1.631 92	1.650 21	1.668 49	1.686 76	1.705 02
2	2.409 18	2.427 03	2.444 87	2.462 70	2.480 52	2.498 33	2.516 13	2.533 92	2.551 70	2.569 47	2.587 23	2.604 98	2.622 72	2.640 45
3	3.324 09	3.341 42	3.358 74	3.376 06	3.393 36	3.410 65	3.427 93	3.445 20	3.462 46	3.479 72	3.496 96	3.514 19	3.531 41	3.548 62
4	4.212 36	4.229 19	4.246 00	4.262 81	4.279 61	4.296 39	4.313 17	4.329 94	4.346 70	4.363 45	4.380 19	4.396 92	4.413 64	4.430 35
5	5.074 75	5.091 09	5.107 42	5.123 73	5.140 04	5.156 34	5.172 63	5.188 91	5.205 18	5.221 44	5.237 70	5.253 94	5.270 17	5.286 39
6	5.912 03	5.927 89	5.943 74	5.959 58	5.975 42	5.991 24	6.007 06	6.022 86	6.038 66	6.054 45	6.070 23	6.086 00	6.101 76	6.117 51
7	6.724 92	6.740 32	6.755 71	6.771 09	6.786 46	6.801 83	6.817 18	6.832 53	6.847 86	6.863 19	6.878 51	6.893 82	6.909 12	6.924 41
8	7.514 14	7.529 08	7.544 03	7.558 96	7.573 88	7.588 80	7.603 71	7.618 60	7.633 50	7.648 38	7.663 25	7.678 12	7.692 97	7.707 81
9	8.280 36	8.294 88	8.309 38	8.323 88	8.338 37	8.352 85	8.367 32	8.381 79	8.396 25	8.410 69	8.425 13	8.439 57	8.453 99	8.468 41
10	9.024 27	9.038 36	9.052 45	9.066 52	9.080 59	9.094 65	9.108 70	9.122 74	9.136 78	9.150 81	9.164 83	9.178 84	9.192 84	9.206 83
11	9.746 51	9.760 19	9.773 87	9.787 53	9.801 19	9.814 84	9.828 48	9.842 12	9.855 75	9.869 36	9.882 98	9.896 58	9.910 18	9.923 76
12	10.447 72	10.461 00	10.474 28	10.487 55	10.500 81	10.514 06	10.527 30	10.540 54	10.553 77	10.566 99	10.580 21	10.593 41	10.606 61	10.619 80
13	11.128 58	11.141 40	11.154 29	11.167 17	11.180 04	11.192 91	11.205 77	11.218 62	11.231 46	11.244 30	11.257 13	11.269 95	11.282 77	11.295 58
14	11.789 46	11.801 98	11.814 49	11.827 00	11.839 49	11.851 99	11.864 47	11.876 95	11.889 42	11.901 88	11.914 34	11.926 79	11.939 23	11.951 66
15	12.431 16	12.443 32	12.455 46	12.467 61	12.479 74	12.491 87	12.503 99	12.516 10	12.528 21	12.540 31	12.552 40	12.564 49	12.576 57	12.588 64
16	13.054 17	13.065 97	13.077 77	13.089 56	13.101 34	13.113 11	13.124 88	13.136 64	13.148 40	13.160 14	13.171 89	13.183 62	13.195 35	13.207 07
17	13.659 04	13.670 50	13.681 95	13.693 39	13.704 83	13.716 26	13.727 69	13.739 11	13.750 52	13.761 92	13.773 32	13.784 72	13.796 10	13.807 48
18	14.246 29	14.257 41	14.268 53	14.279 64	14.290 75	14.301 84	14.312 94	14.324 02	14.335 10	14.346 18	14.357 24	14.368 30	14.379 36	14.390 41
19	14.816 43	14.827 23	14.838 03	14.848 81	14.859 60	14.870 37	14.881 14	14.891 90	14.902 66	14.913 41	14.924 16	14.934 90	14.945 63	14.956 35
20	15.369 97	15.380 46	15.390 94	15.401 41	15.411 88	15.422 34	15.432 79	15.443 24	15.453 69	15.464 13	15.474 56	15.484 98	15.495 40	15.505 81
21	15.907 39	15.917 57	15.927 74	15.937 91	15.948 07	15.958 23	15.968 38	15.978 53	15.988 67	15.998 80	16.008 93	16.019 05	16.029 17	16.039 28
22	16.429 15	16.439 03	16.448 91	16.458 78	16.468 65	16.478 51	16.488 37	16.498 22	16.508 06	16.517 90	16.527 73	16.537 56	16.547 38	16.557 20
23	16.935 72	16.945 31	16.954 90	16.964 49	16.974 07	16.983 64	16.993 21	17.002 77	17.012 33	17.021 88	17.031 43	17.040 97	17.050 51	17.060 04
24	17.427 53	17.436 84	17.446 16	17.455 46	17.464 76	17.474 06	17.483 35	17.492 63	17.501 91	17.511 18	17.520 45	17.529 72	17.539 00	17.548 27
25	17.905 02	17.914 06	17.923 10	17.932 14	17.941 16	17.950 19	17.959 21	17.968 22	17.977 23	17.986 23	17.995 23	18.004 23	18.013 22	18.022 21
26	18.368 60	18.377 38	18.386 15	18.394 93	18.403 69	18.412 45	18.421 21	18.429 96	18.438 71	18.447 45	18.456 19	18.464 92	18.473 64	18.482 36
27	18.818 67	18.827 20	18.835 72	18.844 24	18.852 75	18.861 25	18.869 75	18.878 25	18.886 74	18.895 23	18.903 71	18.912 19	18.920 66	18.929 13
28	19.255 64	19.263 92	19.272 19	19.280 46	19.288 72	19.296 98	19.305 24	19.313 48	19.321 73	19.329 97	19.338 20	19.346 43	19.354 66	19.362 88
29	19.679 88	19.687 92	19.695 95	19.703 98	19.712 00	19.720 02	19.728 03	19.736 04	19.744 05	19.752 04	19.760 04	19.768 03	19.776 02	19.783 99
30	20.091 77	20.099 57	20.107 37	20.115 16	20.122 95	20.130 73	20.138 51	20.146 29	20.154 06	20.161 83	20.169 59	20.177 35	20.185 10	20.192 85
31	20.491 66	20.499 23	20.506 80	20.514 37	20.521 93	20.529 49	20.537 04	20.544 59	20.552 13	20.559 68	20.567 21	20.574 74	20.582 27	20.589 79
32	20.879 90	20.887 25	20.894 60	20.901 95	20.909 29	20.916 63	20.923 96	20.931 29	20.938 61	20.945 94	20.953 25	20.960 56	20.967 87	20.975 17
33	21.256 83	21.263 97	21.271 11	21.278 24	21.285 37	21.292 49	21.299 61	21.306 73	21.313 84	21.320 94	21.328 05	21.335 15	21.342 24	21.349 32
34	21.622 78	21.629 72	21.636 64	21.643 57	21.650 49	21.657 41	21.664 32	21.671 23	21.678 13	21.685 03	21.691 93	21.698 82	21.705 71	21.712 59
35	21.978 08	21.984 81	21.991 54	21.998 26	22.004 98	22.011 69	22.018 40	22.025 11	22.031 81	22.038 51	22.045 21	22.051 90	22.058 59	22.065 28
36	22.323 03	22.329 56	22.336 09	22.342 62	22.349 14	22.355 66	22.362 18	22.368 69	22.375 20	22.381 70	22.388 20	22.394 70	22.401 19	22.407 68
37	22.657 93	22.664 27	22.670 61	22.676 95	22.683 28	22.689 61	22.695 94	22.702 26	22.708 58	22.714 89	22.721 20	22.727 51	22.733 82	22.740 12
38	22.983 07	22.989 21	22.995 35	23.001 54	23.007 69	23.013 83	23.019 97	23.026 11	23.032 25	23.038 38	23.044 51	23.050 63	23.056 75	23.062 86
39	23.298 75	23.304 73	23.310 70	23.316 68	23.322 65	23.328 61	23.334 57	23.340 53	23.346 49	23.352 44	23.358 39	23.364 34	23.370 28	23.376 21
40	23.605 23	23.611 03	23.616 84	23.622 64	23.628 43	23.634 22	23.640 01	23.645 80	23.651 58	23.657 36	23.663 14	23.668 91	23.674 68	23.680 44
41	23.902 78	23.908 42	23.914 05	23.919 68	23.925 31	23.930 93	23.936 55	23.942 17	23.947 78	23.953 40	23.959 00	23.964 61	23.970 21	23.975 81
42	24.191 67	24.197 14	24.202 61	24.208 08	24.213 54	24.219 00	24.224 46	24.229 91	24.235 36	24.240 81	24.246 25	24.251 69	24.257 13	24.262 56
43	24.472 14	24.477 46	24.482 77	24.488 07	24.493 38	24.498 68	24.503 98	24.509 27	24.514 56	24.519 85	24.525 14	24.530 42	24.535 70	24.541 00
44	24.744 45	24.749 61	24.754 76	24.759 91	24.765 06	24.770 21	24.775 35	24.780 49	24.785 63	24.790 77	24.795 90	24.801 03	24.806 15	24.811 27
45	25.008 82	25.013 83	25.018 83	25.023 84	25.028 84	25.033 83	25.038 83	25.043 82	25.048 80	25.053 79	25.058 77	25.063 75	25.068 73	25.073 70
46	25.265 49	25.270 36	25.275 23	25.280 07	25.284 91	25.289 78	25.294 63	25.299 47	25.304 31	25.309 15	25.313 99	25.318 83	25.323 66	25.328 49
47	25.514 69	25.519 41	25.524 13	25.528 84	25.533 56	25.538 27	25.542 97	25.547 68	25.552 38	25.557 08	25.561 78	25.566 47	25.571 16	25.575 85
48	25.756 63	25.761 21	25.765 79	25.770 37	25.774 95	25.779 52	25.784 09	25.788 66	25.793 22	25.797 78	25.802 34	25.806 90	25.811 45	25.816 00
49	25.991 52	25.995 97	26.000 42	26.004 86	26.009 31	26.013 74	26.018 18	26.022 62	26.027 05	26.031 48	26.035 90	26.040 33	26.044 75	26.049 17
50	26.219 57	26.223 89	26.228 21	26.232 53	26.236 84	26.241 15	26.245 46	26.249 76	26.254 06	26.258 36	26.262 66	26.266 96	26.271 25	26.275 54

*Workers' Compensation and Rehabilitation
Regulations 1982*

App. II

APPENDIX II — continued

Years	39	40	41	42	43	44	45	46	47	48	49	50	51
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
0.....	0.7415	0.7603	0.7791	0.7979	0.8167	0.8354	0.8541	0.8729	0.8917	0.9104	0.9291	0.9478	0.9666
1.....	1.7050	1.7237	1.7424	1.7611	1.7797	1.7984	1.8171	1.8358	1.8545	1.8732	1.8919	1.9106	1.9293
2.....	2.6804	2.6991	2.7178	2.7365	2.7552	2.7739	2.7926	2.8113	2.8300	2.8487	2.8674	2.8861	2.9048
3.....	3.6558	3.6745	3.6932	3.7119	3.7306	3.7493	3.7680	3.7867	3.8054	3.8241	3.8428	3.8615	3.8802
4.....	4.6312	4.6499	4.6686	4.6873	4.7060	4.7247	4.7434	4.7621	4.7808	4.7995	4.8182	4.8369	4.8556
5.....	5.6066	5.6253	5.6440	5.6627	5.6814	5.7001	5.7188	5.7375	5.7562	5.7749	5.7936	5.8123	5.8310
6.....	6.5820	6.6007	6.6194	6.6381	6.6568	6.6755	6.6942	6.7129	6.7316	6.7503	6.7690	6.7877	6.8064
7.....	7.5574	7.5761	7.5948	7.6135	7.6322	7.6509	7.6696	7.6883	7.7070	7.7257	7.7444	7.7631	7.7818
8.....	8.5328	8.5515	8.5702	8.5889	8.6076	8.6263	8.6450	8.6637	8.6824	8.7011	8.7198	8.7385	8.7572
9.....	9.5082	9.5269	9.5456	9.5643	9.5830	9.6017	9.6204	9.6391	9.6578	9.6765	9.6952	9.7139	9.7326
10.....	10.4836	10.5023	10.5210	10.5397	10.5584	10.5771	10.5958	10.6145	10.6332	10.6519	10.6706	10.6893	10.7080
11.....	11.4590	11.4777	11.4964	11.5151	11.5338	11.5525	11.5712	11.5899	11.6086	11.6273	11.6460	11.6647	11.6834
12.....	12.4344	12.4531	12.4718	12.4905	12.5092	12.5279	12.5466	12.5653	12.5840	12.6027	12.6214	12.6401	12.6588
13.....	13.4098	13.4285	13.4472	13.4659	13.4846	13.5033	13.5220	13.5407	13.5594	13.5781	13.5968	13.6155	13.6342
14.....	14.3852	14.4039	14.4226	14.4413	14.4600	14.4787	14.4974	14.5161	14.5348	14.5535	14.5722	14.5909	14.6096
15.....	15.3606	15.3793	15.3980	15.4167	15.4354	15.4541	15.4728	15.4915	15.5102	15.5289	15.5476	15.5663	15.5850
16.....	16.3360	16.3547	16.3734	16.3921	16.4108	16.4295	16.4482	16.4669	16.4856	16.5043	16.5230	16.5417	16.5604
17.....	17.3114	17.3301	17.3488	17.3675	17.3862	17.4049	17.4236	17.4423	17.4610	17.4797	17.4984	17.5171	17.5358
18.....	18.2868	18.3055	18.3242	18.3429	18.3616	18.3803	18.3990	18.4177	18.4364	18.4551	18.4738	18.4925	18.5112
19.....	19.2622	19.2809	19.2996	19.3183	19.3370	19.3557	19.3744	19.3931	19.4118	19.4305	19.4492	19.4679	19.4866
20.....	20.2376	20.2563	20.2750	20.2937	20.3124	20.3311	20.3498	20.3685	20.3872	20.4059	20.4246	20.4433	20.4620
21.....	21.2130	21.2317	21.2504	21.2691	21.2878	21.3065	21.3252	21.3439	21.3626	21.3813	21.3999	21.4186	21.4373
22.....	22.1884	22.2071	22.2258	22.2445	22.2632	22.2819	22.3006	22.3193	22.3380	22.3567	22.3754	22.3941	22.4128
23.....	23.1638	23.1825	23.2012	23.2199	23.2386	23.2573	23.2760	23.2947	23.3134	23.3321	23.3508	23.3695	23.3882
24.....	24.1392	24.1579	24.1766	24.1953	24.2140	24.2327	24.2514	24.2701	24.2888	24.3075	24.3262	24.3449	24.3636
25.....	25.1146	25.1333	25.1520	25.1707	25.1894	25.2081	25.2268	25.2455	25.2642	25.2829	25.3016	25.3203	25.3390
26.....	26.0900	26.1087	26.1274	26.1461	26.1648	26.1835	26.2022	26.2209	26.2396	26.2583	26.2770	26.2957	26.3144
27.....	27.0654	27.0841	27.1028	27.1215	27.1402	27.1589	27.1776	27.1963	27.2150	27.2337	27.2524	27.2711	27.2898
28.....	28.0408	28.0595	28.0782	28.0969	28.1156	28.1343	28.1530	28.1717	28.1904	28.2091	28.2278	28.2465	28.2652
29.....	29.0162	29.0349	29.0536	29.0723	29.0910	29.1097	29.1284	29.1471	29.1658	29.1845	29.2032	29.2219	29.2406
30.....	30.0000	30.0187	30.0374	30.0561	30.0748	30.0935	30.1122	30.1309	30.1496	30.1683	30.1870	30.2057	30.2244
31.....	31.0000	31.0187	31.0374	31.0561	31.0748	31.0935	31.1122	31.1309	31.1496	31.1683	31.1870	31.2057	31.2244
32.....	32.0000	32.0187	32.0374	32.0561	32.0748	32.0935	32.1122	32.1309	32.1496	32.1683	32.1870	32.2057	32.2244
33.....	33.0000	33.0187	33.0374	33.0561	33.0748	33.0935	33.1122	33.1309	33.1496	33.1683	33.1870	33.2057	33.2244
34.....	34.0000	34.0187	34.0374	34.0561	34.0748	34.0935	34.1122	34.1309	34.1496	34.1683	34.1870	34.2057	34.2244
35.....	35.0000	35.0187	35.0374	35.0561	35.0748	35.0935	35.1122	35.1309	35.1496	35.1683	35.1870	35.2057	35.2244
36.....	36.0000	36.0187	36.0374	36.0561	36.0748	36.0935	36.1122	36.1309	36.1496	36.1683	36.1870	36.2057	36.2244
37.....	37.0000	37.0187	37.0374	37.0561	37.0748	37.0935	37.1122	37.1309	37.1496	37.1683	37.1870	37.2057	37.2244
38.....	38.0000	38.0187	38.0374	38.0561	38.0748	38.0935	38.1122	38.1309	38.1496	38.1683	38.1870	38.2057	38.2244
39.....	39.0000	39.0187	39.0374	39.0561	39.0748	39.0935	39.1122	39.1309	39.1496	39.1683	39.1870	39.2057	39.2244
40.....	40.0000	40.0187	40.0374	40.0561	40.0748	40.0935	40.1122	40.1309	40.1496	40.1683	40.1870	40.2057	40.2244
41.....	41.0000	41.0187	41.0374	41.0561	41.0748	41.0935	41.1122	41.1309	41.1496	41.1683	41.1870	41.2057	41.2244
42.....	42.0000	42.0187	42.0374	42.0561	42.0748	42.0935	42.1122	42.1309	42.1496	42.1683	42.1870	42.2057	42.2244
43.....	43.0000	43.0187	43.0374	43.0561	43.0748	43.0935	43.1122	43.1309	43.1496	43.1683	43.1870	43.2057	43.2244
44.....	44.0000	44.0187	44.0374	44.0561	44.0748	44.0935	44.1122	44.1309	44.1496	44.1683	44.1870	44.2057	44.2244
45.....	45.0000	45.0187	45.0374	45.0561	45.0748	45.0935	45.1122	45.1309	45.1496	45.1683	45.1870	45.2057	45.2244
46.....	46.0000	46.0187	46.0374	46.0561	46.0748	46.0935	46.1122	46.1309	46.1496	46.1683	46.1870	46.2057	46.2244
47.....	47.0000	47.0187	47.0374	47.0561	47.0748	47.0935	47.1122	47.1309	47.1496	47.1683	47.1870	47.2057	47.2244
48.....	48.0000	48.0187	48.0374	48.0561	48.0748	48.0935	48.1122	48.1309	48.1496	48.1683	48.1870	48.2057	48.2244
49.....	49.0000	49.0187	49.0374	49.0561	49.0748	49.0935	49.1122	49.1309	49.1496	49.1683	49.1870	49.2057	49.2244
50.....	50.0000	50.0187	50.0374	50.0561	50.0748	50.0935	50.1122	50.1309	50.1496	50.1683	50.1870	50.2057	50.2244

APPENDIX III

[Reg. 19E]

REPORT NO. 118 OF THE NATIONAL
ACOUSTIC LABORATORIES

APPENDIX 3

BINAURAL TABLES FOR DETERMINING PERCENTAGE LOSS OF HEARING

January, 1988

It is recommended that the following procedure be used to assess binaural percentage loss of hearing.

1. Measure the hearing threshold levels (HTLs) of the person at the audiometric frequencies 500, 1000, 1500, 2000, 3000 and 4000 Hz.
2. Determine the better and worse ears at each of these frequencies. At a particular frequency, the better ear is the ear with the smaller HTL. The better ear at one frequency may be the worse at another.
3. Using the HTLs of the better and worse ears, read the percentage loss of hearing (PLH) at each frequency from the appropriate table (Table RB-500, RB-1000, RB-1500, RB-2000, RB-3000 or RB-4000) and add these 6 values together to obtain the overall binaural PLH.

Example

HEARING THRESHOLD LEVELS

Frequency	Right Ear	Left Ear	Better Ear	Worse Ear	PLH
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	7.1

Overall Binaural PLH = 35.0%

TABLE RB — 500

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 500 HZ

		HTL — BETTER EAR																HTL — WORSE EAR
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	
≤15	0																	
20	0.4	0.6																
25	0.6	1.0	1.4															
30	1.0	1.4	2.0	2.8														
35	1.3	1.8	2.5	3.4	4.5													
40	1.7	2.2	3.0	3.9	5.1	6.4												
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1											
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5						
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9					
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2				
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1			
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7		
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0	

TABLE RB — 1000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1000 HZ

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		HTL — WORSE EAR
20	0.5	0.8																	
25	0.8	1.2	1.8																
30	1.2	1.7	2.5	3.5															
35	1.7	2.3	3.1	4.3	5.7														
40	2.1	2.8	3.7	4.9	6.3	8.0													
45	2.5	3.3	4.2	5.4	6.9	8.5	10.2												
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1											
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0										
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7									
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5								
70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2	17.8	19.4							
75	3.8	4.7	5.8	7.1	8.5	10.0	11.5	13.1	14.8	16.4	18.1	19.7	21.1						
80	3.9	4.9	6.0	7.3	8.6	10.1	11.7	13.3	15.0	16.7	18.4	20.0	21.5	22.7					
85	4.1	5.0	6.2	7.4	8.8	10.3	11.8	13.4	15.1	16.9	18.6	20.3	21.7	23.0	23.9				
90	4.2	5.2	6.3	7.5	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.4	21.9	23.2	24.1	24.6			
≤95	4.3	5.3	6.4	7.6	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.5	22.0	23.3	24.2	24.7	25.0		

TABLE RB — 1500

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1500 HZ

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15		0																	
20		0.4	0.6																
25		0.6	1.0	1.4															
30		1.0	1.4	2.0	2.8														
35		1.3	1.8	2.5	3.4	4.5													
40		1.7	2.2	3.0	3.9	5.1	6.4												
45		2.0	2.6	3.4	4.3	5.5	6.8	8.1											
50		2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										
55		2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									
60		2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								
65		2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							
70		2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5						
75		3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9					
80		3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2				
85		3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1			
90		3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7		
≤95		3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0	

HTL — WORSE EAR

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TABLE RB — 2000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 2000 HZ

		HTL — BETTER EAR																HTL — WORSE EAR
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	
≤15	0																	
20	0.3	0.5																
25	0.5	0.7	1.1															
30	0.7	1.0	1.5	2.1														
35	1.0	1.4	1.9	2.5	3.4													
40	1.3	1.7	2.2	2.9	3.8	4.8												
45	1.5	1.9	2.5	3.3	4.1	5.1	6.1											
50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3										
55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4									
60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4								
65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5							
70	2.2	2.7	3.4	4.1	5.0	5.9	6.8	7.8	8.7	9.7	10.7	11.6						
75	2.3	2.8	3.5	4.3	5.1	6.0	6.9	7.9	8.9	9.9	10.8	11.8	12.7					
80	2.4	2.9	3.6	4.4	5.2	6.1	7.0	8.0	9.0	10.0	11.0	12.0	12.9	13.6				
85	2.4	3.0	3.7	4.4	5.3	6.1	7.1	8.1	9.1	10.1	11.1	12.1	13.0	13.8	14.3			
90	2.5	3.1	3.8	4.5	5.3	6.2	7.1	8.1	9.1	10.2	11.2	12.2	13.2	13.9	14.4	14.8		
≤95	2.6	3.2	3.8	4.6	5.4	6.2	7.1	8.1	9.1	10.2	11.3	12.3	13.2	14.0	14.5	14.8	15.0	

TABLE RB — 3000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 3000 HZ

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.2	0.3																	
25	0.3	0.5	0.7																
30	0.5	0.7	1.0	1.4															
35	0.7	0.9	1.2	1.7	2.3														
40	0.8	1.1	1.5	2.0	2.5	3.2													
45	1.0	1.3	1.7	2.2	2.7	3.4	4.1												
50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8											
55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6										
60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3									
65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0								
70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7							
75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4						
80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1					
85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5				
90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8			
≤95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	10.0		

HTL — WORSE EAR

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TABLE EB — 4000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 4000 HZ

	HTL — BETTER EAR																HTL — WORSE EAR
	≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤ 20	0																
25	0.1	0.2															
30	0.2	0.3	0.5														
35	0.3	0.4	0.6	0.9													
40	0.4	0.5	0.8	1.0	1.5												
45	0.5	0.7	0.9	1.2	1.6	2.1											
50	0.6	0.8	1.0	1.4	1.7	2.2	2.6										
55	0.6	0.8	1.1	1.5	1.8	2.2	2.7	3.1									
60	0.7	0.9	1.2	1.5	1.9	2.3	2.7	3.2	3.6								
65	0.7	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.6	4.0							
70	0.8	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.7	4.1	4.5						
75	0.8	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.7	4.1	4.5	4.9					
80	0.9	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.8	4.2	4.6	5.0	5.3				
85	0.9	1.2	1.4	1.8	2.1	2.5	2.9	3.4	3.8	4.3	4.7	5.1	5.4	5.7			
90	0.9	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.8	4.3	4.7	5.1	5.5	5.7	5.9		
≤95	1.0	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.9	4.3	4.8	5.2	5.5	5.7	5.9	6.0	

TABLE EB — 6000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 6000 HZ

	HTL — BETTER EAR															HTL — WORSE EAR
	≤25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤25	0															
30	0.1	0.2														
35	0.2	0.3	0.4													
40	0.3	0.4	0.5	0.7												
45	0.3	0.4	0.6	0.8	1.0											
50	0.4	0.5	0.7	0.9	1.1	1.3										
55	0.4	0.5	0.7	0.9	1.1	1.3	1.5									
60	0.4	0.6	0.7	0.9	1.1	1.4	1.6	1.8								
65	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0							
70	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2						
75	0.5	0.7	0.8	1.0	1.2	1.4	1.7	1.9	2.1	2.3	2.5					
80	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7				
85	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7	2.8			
90	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9		
≤95	0.6	0.8	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9	3.0	

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APPENDIX 7

BINAURAL EXTENSION TABLES

January 1988

These tables replace Table RB-4000 in the binaural tables given in Appendix 3 when it is necessary to determine binaural PLH over the range 500 to 8000 Hz. The weighting of 10% given to 4000 Hz in Appendix 3 has been split between 4000, 6000 and 8000 Hz, with 4000 Hz receiving 6%, 6000 Hz 3% and 8000 Hz 1%. When determining binaural PLH over the range 500 to 8000 Hz, the appropriate tables from Appendix 3 are used for the frequencies 500, 1000, 1500, 2000 and 3000 Hz and the relevant tables given in this Appendix are used for the frequencies 4000, 6000 and 8000 Hz.

Example

Frequency	Hearing Threshold Levels				PLH
	Right Ear	Left Ear	Better Ear	Worse Ear	
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	4.3
6000	55	75	55	75	1.7
8000	45	65	45	65	0.4

Overall Binaural PLH = 34.3%

TABLE EB — 8000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 8000 HZ

	HTL — BETTER EAR										HTL — WORSE EAR				
	≤30	35	40	45	50	55	60	65	70	75	80	85	≤90		
≤30	0														
35	0.1	0.1													
40	0.1	0.2	0.2												
45	0.1	0.2	0.3	0.3											
50	0.2	0.2	0.3	0.3	0.4										
55	0.2	0.2	0.3	0.4	0.4	0.5									
60	0.2	0.2	0.3	0.4	0.4	0.5	0.6								
65	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7							
70	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.7						
75	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.8	0.8					
80	0.2	0.3	0.3	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9				
85	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9			
≤90	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9	1.0		

[Appendix III inserted in Gazette 26 February 1991
pp.947-56.]

*Workers' Compensation and Rehabilitation
Regulations 1982*

NOTES

¹ This reprint is a compilation as at 14 February 1995 of the *Workers' Compensation and Rehabilitation Regulations 1982* and includes the amendments in the reprint dated as at 30 April 1992 and amendments effected by the other regulations referred to in the following Table.

Table of Regulations

Regulation	Gazettal	Commencement	Miscellaneous
<i>Workers' Compensation and Assistance Regulations 1982</i> Corrigendum <i>Gazette</i> 23 April 1982 p.1384	8 April 1982 pp.1229-50	3 May 1982 see regulation 2 and <i>Gazette</i> 8 April 1982 p.1205	Citation subsequently amended (see note under regulation 1)
(Regulations effecting amendments in the previous reprint are not referred to in this Table)			
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1992</i>	16 October 1992 p.5201	16 October 1992	
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1993</i>	5 February 1993 pp.1059-60	5 February 1993 (see regulation 2 and <i>Gazette</i> 5 February 1993 p.975)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1993</i>	29 October 1993 pp.5929-30	29 October 1993	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1993</i>	17 September 1993 p.5182	17 September 1993	

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Regulation	Gazettal	Commencement	Miscellaneous
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1993</i>	24 December 1993 pp.6844-50	24 December 1993 (see regulation 2 and <i>Gazette</i> 24 December 1993 p.6795)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1994</i>	18 February 1994 pp. 660-4	1 March 1994 (see regulation 2)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1994</i>	31 March 1994 p.1444	31 March 1994	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1994</i>	24 June 1994 pp.2888-9	24 June 1994	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1994</i>	23 August 1994 pp.4394-5	23 August 1994	