

Workers' Compensation and Rehabilitation Regulations 1982

Reprinted as at 25 February 2000

Western Australia

Workers' Compensation and Rehabilitation Regulations 1982

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Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Regulations 1982

Part 1 — Preliminary

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

1. Citation

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

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

2. Commencement

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

Part 2 — General

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

2A. 1999/2000 "prescribed amount" (section 5)

- (1) For the purpose of the definition of "prescribed amount" in section 5(1) of the Act, and because the relevant minimum award rates (upon which previous prescribed amounts were calculated) are not published, the prescribed amount for the 1999/2000 financial year is obtained by varying the 1998/1999 prescribed amount in the manner set out in subregulation (2).
- (2) The 1999/2000 prescribed amount is \$109,650.00; being \$106 382.00 (the 1998/99 prescribed amount) varied upwards by 3.07234%, which is the actual* percentage change in the Australian Bureau of Statistics Wage Cost Index, ordinary time hourly rates of pay (excluding bonuses) for Western Australia, from the December 1997 quarter to the December 1998 quarter.

(* rounded by the Australian Bureau of Statistics to 3.1%)

[Regulation 2A inserted in Gazette 22 June 1999 pp.2692-3.]

3. AMA Guides

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.]

4. Form of election

The form of election referred to in section 24B of the Act shall be in Form 1 or, in the case of a worker suffering from noise induced hearing loss, Form 2C in Appendix I.

[Regulation 4 amended in Gazette 26 February 1991 p.934; 25 August 1995 p.3885.]

5. Determination form for medical panel

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.

[6. Repealed in Gazette 15 October 1999 p.4900.]

6AA. Form of claim for compensation

- (1) Form 2B or, in the case of a worker suffering from noise induced hearing loss, Form 2C in Appendix I is the prescribed form under section 84I(1)(b) of the Act.
- (2) In addition to the details prescribed in Form 2B as being necessary to make a valid claim for compensation under section 84I(1)(b)
 - (a) the "Injured worker's declaration" and the "Consent authority"; and
 - (b) the tear-off attachments headed "DETAILS TO BE PROVIDED TO MEDICAL PRACTITIONER" and "INFORMATION TO BE PROVIDED TO THE INJURED WORKER",

are prescribed under section 176(1)(a) as expedient for the purposes of the Act, and are to be completed and given to the appropriate parties accordingly.

(3) For a claim for compensation by dependants under section 84I(1)(b) of the Act (in the case of a death), the information required by Form 2D in Appendix I is prescribed under section 84I(2) of the Act.

[Regulation 6AA inserted in Gazette 28 June 1991 p.3291; amended in Gazette 18 February 1994 p.660; 25 August 1995 p.3885; 13 April 1999 pp.1531-2; 15 October 1999 p.4900.]

6A. Form of medical certificate

- (1) Form 3 in Appendix I is the prescribed form under sections 57A(1)(b)(i) and 57B(1)(b)(i) of the Act.
- (2) In addition to the details prescribed in Form 3 as being necessary to make a valid claim for compensation under sections 57A and 57B, the "Consent authority" is prescribed under section 176(1)(a) as expedient for the purposes of the Act, and is to be completed accordingly.

[Regulation 6A inserted in Gazette 8 March 1991 p.1071; amended in Gazette 13 April 1999 p.1532.]

6B. Form for insurer accepting liability

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.]

6C. Form for insurer disputing liability

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.]

6D. Form for insurer undecided on liability

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.]

6E. Form for employer disputing liability

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.]

6F. Form for employer undecided on liability

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.]

7. Certificate and notice before discontinuance of weekly payments

- (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, or in the form of Form 3 in Appendix I if that form has been marked to indicate that it is to be regarded as both a first and final medical certificate.
- (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; 13 April 1999 p.1532.]

8. Frequency and time of medical examinations (s. 66)

- (1) A worker who receives a First Medical Certificate (Form 3) under the Act which nominates a medical review of the worker within a period of 14 days from the date the certificate is issued cannot be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer before a period of one month has elapsed from the date the certificate is issued.
- (2) A worker who receives a First Medical Certificate (Form 3) under the Act which does not nominate a medical review of the worker within a period of 14 days from the date the certificate is issued may be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer at any time from the date the certificate is issued.

- (3) A worker who fails to attend a medical review, nominated on a First Medical Certificate in accordance with subregulation (1), may be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by
- (4) An employer shall not require a worker to attend a medical review or examination
 - (a) more frequently than once every 2 weeks; or
 - (b) at any time other than during reasonable hours.

[Regulation 8 inserted in Gazette 13 April 1999 pp.1532-3.]

the employer at any time from the date of that non-attendance.

[8A. Repealed in Gazette 15 October 1999 p.4890.]

9. Compound discount table

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

[Regulation 9 amended in Gazette 2 September 1988 p.3464; 15 October 1999 p.4890.]

9A. Discount formula

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.

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.]

10. Worker not residing in the State

- (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 Gazette 2 September 1988 p.3464; 24 December 1993 p.6844; 18 February 1994 p.661.]

10A. Request for reference to medical assessment panel

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.]

r. 10B

10B. Proceedings before medical assessment panel

- (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.]

11. Payments after death outside the State

- (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.
- (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.]

12. Agreements

- (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.
- (1a) A memorandum of an agreement referred to in section 76 of the Act shall be in the form of Form 15C in Appendix I.
- (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.
- (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.
- (3a) A memorandum of an agreement lodged for the purposes of a redemption amount under section 67(l) shall be accompanied by

Form 15D in Appendix I signed and dated by the worker, as acknowledgment that he/she is aware of the consequences of the recording of the memorandum.

- (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 I.
- (4a) Where any interested party disputes the genuineness of the memorandum, or the adequacy of the compensation agreed upon or otherwise objects to the recording of the agreement that party shall, within the 7 days allowed in section 76(2), notify the Director by completing Form 15E in Appendix I, and forwarding that completed form to the Director.
- (4b) On receipt of an objection from any party in the manner prescribed in subregulation (4a), the Director shall send to each other party a notice, in the form of Form 15F, informing such parties that the memorandum will not be recorded except with the consent in writing of the objector.
 - (5) If the Director records the memorandum, the Director is to notify each interested party accordingly in the form of Form 15B in Appendix I.
 - (6) The Director may vary or amend a memorandum if all parties first give the Director written consent to make that variation or amendment.
 - (7) For the purpose of providing a statement of benefits paid, under section 67(2) of the Act, Part 4 of the Memorandum of Agreement form (Form 15C), may be used for this purpose.

[Regulation 12 inserted in Gazette 18 February 1994 p.661; amended in Gazette 15 October 1999 pp.4906-7.]

12AA. Costs for persons other than legal practitioners in a conciliation

For the purposes of section 84X(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 a conciliation.

[Regulation 12AA inserted in Gazette 15 October 1999 p.4903.]

12AB. Costs for persons other than legal practitioners in proceedings before review officers

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 12AB inserted in Gazette 15 October 1999 p.4903.]

12A. Contributions to General Fund

- (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 Gazette 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.]

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

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.]

r. 16

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

16. Maximum amount for expenses payable under Schedule 1 to the Act

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

	umn 1 cription 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.]

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

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

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

17AA. Prescribed rate for vehicle running expenses (Sch. 1, cl. 19 of the Act)

For the purposes of Schedule 1 clause 19(1) of the Act, the prescribed rate for vehicle running expenses is 29 cents per kilometre (irrespective of engine capacity).

[Regulation 17AA inserted in Gazette 15 October 1999 p.4904.]

17A. Supplementary amount varied

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 \$88;
- (b) in relation to a worker without a dependent spouse, the sum of \$50.

[Regulation 17A inserted in Gazette 19 June 1987 p.2410; amended in Gazette 28 June 1991 p.3291; 16 October 1992 p.5201; 17 September 1993 p.5182; 23 August 1994 p.4395; 15 September 1995 p.4358; 17 January 1997 p.444; 12 August 1997 p.4568.]

18. Form of election to receive redemption amount or supplementary amount

- (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.

19. Statements by approved insurance offices

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.]

19A. Interpretation

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.]

19B. Persons approved to carry out audiometric testing

- (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;
 - (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.

r. 19C

- (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.]

19C. Testing procedures

- (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
 - (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.

r. 19C

- (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 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.

(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 Gazette 3 April 1992 pp.1541-2; 24 December 1993 p.6845.]

19D. Notice of audiometric test and testing arrangements

- (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 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.]

19E. Calculation of loss of hearing

- 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.]

19F. Report on audiometric test and storage of results

- (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.
- The Commission shall, on the written request of the worker (2) 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.
- 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.
- The Commission shall store the results of audiometric tests (4) 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.]

19G. Reference to medical assessment panel

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.]

19H. Retest of person's hearing

- (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.

- (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.]

19I. Prescribed workplaces

- (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).
- (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.

art 3	s' Compensation and Rehabilitation Regulations 1982 Noise induced hearing loss		
. 191			
	[Regulation 19I inserted in Gazette 26 February 1991 p.939.]		

Part 3A — Constraints on awards of common law damages

[Heading inserted in Gazette 15 October 1999 p.4890.]

19J. Assessment of degree of disability

- (1) A referral under section 93D(5) of the Act
 - (a) is to be made in the form of Form 22 in Appendix I; and
 - (b) is to nominate in the Form 22 one, and only one, relevant level of disability in respect of which the referral is made.
- (2) A notification under section 93D(7) of the Act is to be
 - (a) made in the form of Form 23 in Appendix I; and
 - (b) accompanied by a copy of the medical evidence produced to the Director under section 93D(6) of the Act.
- (3) A notification under section 93D(8) of the Act is to be made in the form of Form 23 in Appendix I.

[Regulation 19J inserted in Gazette 15 October 1999 pp.4890-1; amended in Gazette 14 December 1999 p.6147.]

19K. Agreement as to degree of disability

- (1) An agreement as to the degree of disability for the purposes of section 93E(3)(a), (4) or (9) of the Act is to be made in the form of Form 24 in Appendix I and lodged with the Director.
- (2) On receipt of the agreement the Director is to
 - (a) record the agreement in a register kept for that purpose; and
 - (b) complete the relevant section of the agreement form and give a copy of it to the worker and the employer.

[Regulation 19K inserted in Gazette 15 October 1999 p.4891.]

19L. Determination of degree of disability

- (1) The Director is to be notified as soon as practicable after a dispute resolution body determines a question referred to it under section 93D(10) of the Act.
- (2) On receipt of the notification the Director is to
 - (a) record the determination in a register kept for that purpose; and
 - (b) give a copy of the determination to the worker, the employer and the employer's insurer.

[Regulation 19L inserted in Gazette 15 October 1999 p.4891.]

19M. Election to retain right to seek common law damages

- (1) An election under section 93E(3)(b) of the Act
 - (a) is to be made in the form of Form 25 in Appendix I (the "election form") and lodged with the Director; and
 - (b) cannot be made unless
 - (i) it is agreed that the degree of disability is not less than 16%; or
 - (ii) it is determined that the degree of disability is not less than 16%.
- (2) If it is agreed that the degree of disability is not less than 16% the election form is to be accompanied by Form 24 in Appendix I unless an agreement as to the degree of disability for the purposes of section 93E(3)(a), (4) or (9) of the Act was recorded under regulation 19K before the lodgment of the election form.
- (3) If it is determined that the degree of disability is not less than 16% the election form is to be accompanied by evidence of the determination unless a determination of a dispute as to the degree of disability was recorded under regulation 19L before the lodgment of the election form.

- (4) Subject to subregulation (5), on the day on which the Director receives the election form the Director is to
 - (a) record
 - (i) under regulation 19K(2)(a) the agreement (if any) accompanying the election form; or
 - (ii) under regulation 19L(2)(a) the determination (if any) accompanying the election form;
 - (b) register the election in a register kept for that purpose; and
 - (c) complete the relevant section of the election form and give a copy of it to the worker and the employer.
- (5) The Director may decline to register an election if the Director is satisfied that the worker does not fully understand the consequences of the registration of the election.
- (6) This regulation applies to an election under section 93E(3)(b) of the Act that is commenced on or after the day on which the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999* come into operation ¹.

[Regulation 19M inserted in Gazette 14 December 1999 pp.6147-8.]

19N. Extension of time to make election under s. 93E(3)(b)

- (1) In this regulation
 - "extension period" means the period of time that ends 6 months after the termination day;
 - "termination day" has the meaning that it has in section 93E of the Act.
- (2) For the purposes of section 93E(7) of the Act, the circumstances in which the Director may extend the period of time within which an election can be made under section 93E(3)(b) of the Act are if the Director is satisfied that
 - (a) the worker will require major surgery in respect of the disability in the extension period;

r. 19N

- (b) medical evidence that the worker will require major surgery in respect of the disability in the extension period has not been obtained from a medical practitioner who is a specialist in a relevant field of medicine despite all reasonably practicable steps having been taken by or on behalf of the worker to obtain that evidence; or
- (c) a medical panel under section 36 of the Act has determined that the worker's disability is of a kind mentioned in section 33 or 34 of the Act.
- (3) An application for an extension of time under subregulation (2)(a) is to be
 - (a) made in the form of Form 26 in Appendix I;
 - (b) accompanied by medical evidence from a medical practitioner who is a specialist in a relevant field of medicine; and
 - (c) lodged with the Director at least 21 days before the termination day.
- (4) An application for an extension of time under subregulation (2)(b) is to be
 - (a) made in the form of Form 27 in Appendix I;
 - (b) accompanied by such evidence, in addition to that provided in the Form 27, as may be requested by the Director about
 - (i) the requirement for the worker to have the surgery mentioned in subregulation (2)(b); or
 - (ii) the action taken by or on behalf of the worker to obtain the medical evidence mentioned in subregulation (2)(b);

and

- (c) lodged with the Director at least 21 days before the termination day.
- (5) An application for an extension of time under subregulation (2)(c) is to be —

- (a) made in the form of Form 26 in Appendix I;
- (b) accompanied by evidence of the medical panel's determination; and
- (c) lodged with the Director at least 21 days before the termination day.
- (6) Within 14 days of receiving the application the Director is to
 - (a) decide whether to extend the period within which the election can be made;
 - (b) set the extension period in accordance with section 93E(7); and
 - (b) complete the relevant section of the application form and give a copy of it to the worker and the employer.
- (7) This regulation applies to an application for an extension under section 93E(7) of the Act of the period within which an election may be made that is lodged with the Director on or after the day on which the *Workers' Compensation and Rehabilitation*Amendment Regulations (No. 11) 1999 come into operation ¹.

[Regulation 19N inserted in Gazette 14 December 1999 pp.6149-50.]

19O. Application for compensation

An application for compensation under section 93E(11) of the Act is to be made and dealt with in accordance with the *Workers' Compensation (Conciliation and Review) Rules 1994* as if it were an application referring for conciliation a dispute as to the amount of compensation.

[Regulation 190 inserted in Gazette 15 October 1999 p.4892.]

19P. Notification to workers about elections as to common law damages

(1) The employer of a worker who has an unfinalized claim for compensation under the Act is to give the worker written notice of —

r. 19P

- (a) the requirement under section 93E(3)(b) of the Act for the worker to elect to retain the right to seek damages; and
- (b) the date by which the election is to be made.
- (2) The employer is to give the notice mentioned in subregulation (1)
 - (a) if a dispute resolution body orders that weekly payments of compensation are to commence, within 7 days of the day of the order; or
 - (b) in any other case, 3 and 5 months from the day on which weekly payments commenced.

[Regulation 19P inserted in Gazette 14 December 1999 pp.6150-1.]

Part 4 — Miscellaneous

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

20. Offence and penalty

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: \$1 000.

[Regulation 20 amended in Gazette 15 October 1999 p.4905.]

Appendix I

Form 1

Workers' Compensation and Rehabilitation Act 1981

ELECTION FOR SCHEDULE 2 INJURIES

(Section 24B)

	(Section 24b)	
I,		
	(name in full block letters)	
of		
	(address)	
suffered personal inj	ury by accident in the employment of	
	(name of employer)	
on the	day of	19
The injury/injuries s	uffered by me was/were:	
(state nature of	injury and percentage loss of use or loss	of efficient use of a
part or faculty	• • •	
*Before that disabili	ty was suffered I had previously suffered	compensable personal injury
	art or faculty of the body resulting in	
part or faculty.		
	mpensation under Schedule 2 of the Work	
	981 which I anticipate should be the sum	
representing	% loss of item being	
	· ·	the part of the body affected)
	on and upon an agreement being registere	
	rd being made by a dispute resolution boo	ly, I acknowledge that after
registration or the ma	<u> </u>	1 1 4 6 11
(1) I shall hav	ve no further entitlement to compensation	unger the Act for weekly

(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, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and

payments arising out of that disability;

travelling expenses);

			Appendix I
(3)		t for this percentage loss	eys upon any increase to the s of the part or faculty of the body the
Dated the	day of	19 .	
			(Signature)
		in the presence of:	
			(Signature and full names and address of witness)
*Delete if	not applicable.		

Workers' Compensation and Rehabilitation Act 1981

MEDICAL PANEL

(Sections 36 and 38)

Particulars of Claimant
urname
Christian Names
Address
Pate 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?
- To what extent if any does, or did -3.
 - (i) pneumoconiosis;
 - (ii) mesothelioma;
 - (iii) lung cancer,

cause impairment of his ability to undertake physical effort?

- 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?

Cianad.

Signed.	
	(Chairman)
	(Member)
	(Member)
Date	
Attendance of Medical Practitioner.	
I hereby certify that	
a Medical Practitioner, attended the examination of the ab	ove claimant.
	(Chairman)

					•	1
А	ומ	ре	n	a	iχ	

[Form 2A deleted]

Form 2B

[r.6AA]

Workers' Compensation and Rehabilitation Act 1981 (Section 84I(1)(b))

WORKERS' COMPENSATION CLAIM FORM

Employer Details

(To be completed by employer after receipt from the worker)

1 2		
Address:		
Suburb/town:		
		Postcode:
Trading name of employe	er:	
(e.g. Browns Pharmacy;		
E.J.Imports)		
Address of worker's usua	ıl	
workplace or base:		
		Postcode:
Major activity of workpla	ace:	
(e.g.sheep or grain farmin	ng;	
aluminium window scree	n	
manufacturing)		
Office Use only	ANZSIC CODE -	
Insurance Co		Policy No.
WorkCover No. W C		Claim No.
		Insurer/Self Insurer to complete

EMPLOYER: Forward to your insurer within 3 full working days of receipt from the Worker

Ap	pendix I		

Injured worker details

Surname: Mr/Mrs/Miss/Ms. Other names: Address:		
Phone No.:	I Osteode.	
Date of birth:/ Age:	Sex Male/Fem	nale
preferred	standing English, what is your I language?	
Occupation (e.g. first class welder; accounts clerk) Main tasks or duties performed? (e.g. welding of high pressure steam pipes; recording and paying accounts)		
 working director? contractor? employee of contractor? sub-contractor? 	1 2 3 3 4 5 16	Full-Time
Day of occurrence:	Date//	Time: am/pm
When did you have to stop working?	Date/	Time: am/pm
Were you - on duty? - on duty & in a road traffic accident? - on a work break?	- travelling between h - doing something els	e, if so what?

Appendix I

What actually happened and what caused the occurrer Include:		inat	<u>Mechanism</u>
(i) what action was involved, e.g. fall, caught between		Agamay	
(ii) what object/machine was involved, e.g. petrol fum	 ne	Agency	
			<u>Nature</u>
Describe: (i) the most serious injury or disease caused by the occut, abrasion	Bodily Location		
(ii) bodily location of the injury or disease, e.g. upper			
		•••••	
Occurrence report			
Where did the occurrence occur? (e.g. store room, ma	* *		
		•••••	
What were you doing at the time of the occurrence?			
What were the normal working hours for starting that day?	am/pm	Finishing time	am/pm
When did you first report the occurrence? Date:	/	Time:/	/
To whom did you report the occurrence?	Name / Title		
If the occurrence was not reported immediately, state the reason:			
Name and address of witness(es) to the occurrence:			
` '			
Medical attention/history – this event			
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? If not, give details:			
	•••••	•••••	

Appendix I			
Medical attention/history – simi	ilar or related p	orevious events	
4. Is the present injury or disability that attributable to this occurrence? If no			
5. Give details of any similar injury prior to this occurrence:	or disability		
6. Name & address of usual medical and any person who has treated you disability:			
Other or previous claims			
1. Is compensation being claimed from any other source?	Yes/No If so, fro	om whom?	
2. Give details of similar or related p	orevious workers'	compensation clain	1S
Name & address of employer		f insurer nown)	Nature of injury, disease or other claim
Injured worker's declaration I solemnly and sincerely declared contained herein or annexed he substance and in fact to the best provisions of section 59(2) of the required to notify my employer employer after making a claim, compensation. I also understand that I can only or determined that I am at least	reto relating to t of my knowled e Workers' Com in writing with or while receiv y claim damage t 16% disabled	myself and the olge and belief. I appensation and R in 7 days if I coring weekly paymes at common larand I lodge an e	occurrence are true both in take notice that, under the tehabilitation Act 1981, I am mmence work with another nents of workers' w for my injury if it is agreed lection within the time
specified in the Workers' Competer 6 months after the commencement	ent of weekly co	ompensation pay	yments).
Signature of worker		Signature of witne	ess
Consent authority (to be signed	at the option of	f the worker)	

		Appendix
I authorize any doctor who treats me my medical condition, in relation to work options, with my employer and	my claim for workers' compensat	
Dated this day of	Year	
Signature of worker	Signature of witness	
IMPORTANT: FAILURE TO PROVIDE YOUR SIGN AUTHORITY ABOVE MAY DELAY		
Insurer/Self-insur	er to complete	Insurer/Self-insurer's Date Stamp
Estimated time off work — - less than one day	- 10-20 work days (inclusive) - more than 20 work days	Duc Sump
	Front	
If the First Medical Certi absent from the workplace unable to return to normal and fax to the medical practical pra	yer please complete ficate indicates the injured ce for more than 3 working duties please complete the actitioner who provided the ficate within 2 working d	g days and/or is section overleaf e worker's First
% ==========		
Employer, please pro	ovide the information over	leaf to the

injured worker.

Appendix I				
	Reverse			
ATTENTION Dr		Fax No		
DETAILS TO) BE PROVIDED TO MEDI	CAL PRACTITION	NER	
1	Please complete all sections of	this form		
WORKER'S DETAILS				
Name in full:				
Address:				
Telephone:		Date of birth	/	/
Occupation:				
INSURER'S DETAILS				
Name of insurer:				
Contact person:		Telephone:		
EMPLOYER'S DETAILS				
Trading name:				
Address of worker's usual workplace	ce:			
ALTERNATIVE DUTIES FOR V	VORKER			
Name of contact for liaison with me	edical practitioner:			
Role within organization:	-			
Telephone:		Fax:		
	ontact is willing to discuss alto- o-work options with the med		or approp	riate
This organization can provide alterr	native duties which are attache	d.	☐ Yes	□ No
This organization has a return-to-we	ork / rehabilitation program for	r injured workers.	☐ Yes	□ No
Signature			Date/	/
% ===========	========	=======	=====	=====
INFORMATIO	N TO BE PROVIDED TO T	HE INJURED WO	RKER	
EMPLOYER p	lease ensure this section is giv	en to the injured worl	ker.	
	tion for Injured Worker ernment authority that adminis Cover WA is available as an inc			

Appendix I

- questions about how the workers' compensation system works. Contact WorkCover WA's Infoline if you need any information about the system.
- You should be notified by your employer's insurance company if your claim is accepted or not within three weeks of submitting your claim to your employer.
- You have the right to choose your doctor and vocational rehabilitation provider.
- Provide your employer with all medical certificates from your doctor as quickly as possible.
- Under section 59(2) of the Workers' Compensation and Rehabilitation Act 1981 you must notify your
 employer in writing within 7 days if you commence work with another employer after making a
 claim, or while receiving weekly payments of workers' compensation.
- Regular contact between you, your doctor and employer is important and will assist the overall
 management of your claim. Make sure your doctor gives you a WorkCover WA brochure. This
 outlines what you should know about the system.
- An injury management system is in place and it is important you understand your rights and responsibilities in relation to your return to work. Contact WorkCover WA's Infoline to find out more
- WorkCover WA runs free information seminars aimed at helping you understand the workers' compensation system. Contact WorkCover WA to arrange your attendance.

For workers' compensation information or assistance contact WorkCover WA's Infoline: 08 9388 5555 Country callers: 1 800 670 055

Form 2C

[r.6AA]

	(Section 84)	I(1)(b)				
WORKER'S	S CLAIM AND ELECTION I FOR NOISE INDUCEI		OMPENSA	ATION		
VORKER'S I	DETAILS — (Worker to com					
	`	·				
Surname	Mr/Mrs/Miss/Ms	Date of Birth	Age	Sex		
Other Names		/ /		M/F		
		If you have diffic	ulty underst	anding		
Address		If you have difficulty understanding English what is your preferred language?				
	Postcode					
Phone No. (H)	(W)	TYPE 32				
	oiler maker, underground miner)	AGENCY 991 ICD 250 LOCN 130	AGENCY 991 ICD 250			
Main tasks or d (e.g. welding, d	uties performedrilling)	office use only ASCO				
LECTION F	OR SCHEDULE 2 INJURY -					
NIHL FILE No	(Office Use Only)					
Date of comper	nsable test/					
Compensable n	oise induced hearing loss%	(of item 6) Ent	itlement \$.			
Employ	yer at time of test					
Addres	s I	Post Code				
Previous settler	nent date/ PI	.Н				

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WORKER'S DECLARATION

I elect to accept under Schedule 2 of the <i>Workers' Compensation and Rehabilitation Act 1981</i> the sum of \$ representing% of loss of item 6, being loss of hearing. In making this election I declare that I have not received nor am I eligible to receive compensation in respect of the noise induced hearing loss under any law of the Commonwealth, another State or Territory of the Commonwealth, or country other than Australia. In making this election and upon an agreement being registered at the Conciliation and Review Directorate WorkCover WA, I acknowledge that after registration or making an award:					
 I shall have no further entitlement to compensation under the hearing which is the subject of this election; 	Act for the percentage loss of				
2. I shall have no entitlement to further monies upon any increas percentage loss of hearing which is the subject of this election					
DATED the day of					
in the presence of :					
(Signature and full name and address of witness)					
	WorkCover No				
EMPLOYER DETAILS — (Employer to complete)					
Trading name of employer	Local Gov.				
(e.g. Browns Welding;					
E.J. Drilling Service)	Insurance Co.				
Address of worker's usual workplace or base					
	Policy No.				

Appendix I					
Name of Policy Ho	older				No: Insurer/self to complete
Address					
Suburb/Town		Post	Code		
				Insurer	/self insurer's date
Major activity or w	vorkplace				
(e.g. metal fabricat gold mining, engin				ANZSI	office use only
Name of insurer	orker	WA: Period of Period of Period of Period of	insurance insurance insurance insurance		File # Policy No Policy No Policy No
Employer at Marc	n 1, 1991:	••••••		(Name)	
Address .				`	
				(Postcode)
	Number ()			ъ.	
Type of work enga	_				ribed Yes No
Baseline Test (if worker has had a Full A and PLH of the full audio	Audiological Baseline Te		PLH ⊔ ⊔.	ЦЦ/	NO BASELINE TEST please circle if applicable
Subsequent Test	Date/	/	PLH \square \square .		
Subsequent Test	Date/	/	PLH \square \square .		
Subsequent Test	Date/	/	PLH \square \square .		
Subsequent Test	Date/	/	PLH \square \square .		
Subsequent Test	Date/	/	PLH \square \square .		
Subsequent Test	Date//	/	PLH □ □.		

			Appendix I
Subsequent Test	Date/	PLH 🗆 🗆 . 🗆 🗆	
Subsequent Full Audio Test	Date/	PLH 🗆 🗆 . 🗆 🗆	
Otorhinolarynigological assessment	Date/	NIHLPLH □ □ . □ □	
Number of years with thi	s employer since the baseline to	est/March 1, 1991 🔲 🔲	
		Termination Date	//
Subsequent test at termination	Date/	PLH 🗆 🗆 . 🗆 🗆	
NIHL Claims Officer check:	Date/	Signature	
NIHL Manager check:	Date/	Signature	

Appendix I

Form 2D

Workers' Compensation and Rehabilitation Act 1981

WORKERS' COMPENSATION CLAIM FORM FOR DEPENDANTS OF DECEASED WORKERS

[r.6AA]

If insufficient space attach relevant details. If you can't fill in this form yourself you may ask someone to help you. If the deceased had no dependants this form can be used to claim for statutory allowances only (e.g. funeral expenses). Please complete all questions except for the details requested on dependants (see below).

only (e.g. funeral expenses) dependants (see below).	. Please complete all questions ex	xcept for the details requested on
Applicant's Details		
Full Name of Applicant	Surname	Other Names
	Occupation	Relationship to deceased worker
		i.e. Executor, Wife/defacto, Son, Daughter
Residential Address		no. Decedes, who defleto, boll, Daughter
	Postcode	Telephone No.
Deceased Worker's 1	<u>Details</u>	
Full Name of deceased worker	Surname	Other Names
WOIRCI		
Sex	Male Female	Date of Birth / /
Worker's Occupation		
Period of Employment		
Residential Address		
immediately prior to death		
Employer's Details		
Full Name of Employer,		
including trading name		
Address of worker's usual workplace or base		
	Postcode Telepho	one No.
Major activity of workplace		
(e.g. footwear manufacturing,		
sheep farming)		

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Deceased Worker's Dependant/s Details

Do not complete the following question if you are claiming for statutory allowances only. Give full details of deceased worker's dependants as at the date of death:

Name of Dependant	Date of Birth	Residential Address	Occupation	Relationship to deceased worker	Wholly	ndency Part ck Box
					Y	Y
					Y	Y
					Y	Y
-	ı	1	1	1	1	

Details of Fatality	
Was the death the result of a work-related injury and/or disease?	Yes No
What was the cause of death?	
What were the main tasks/duties of the deceased's employment when he/she suffered the	
injury and/or contracted the disease?	
In the case of personal injury, when did it occur?	Day of the week Time Date
Date of death if different.	Date / /
Where did the injury occur?	
(e.g. Workshop floor, Hay Street, Cloverdale)	
In the case of a disease, what was the date of death?	Date / / Date of Date / / diagnosis
If known, when was the deceased first incapacitated	Date / / Don't know

ndix I				
by the disease?				
Prior to this applicat have any workers' compensation payme been received or app in respect of the decc (i.e. weekly payments, r expenses, lump sums).	ents plied for YES	NO	Have you attached a copy of any official notice of the deceased's death?	YES NO
	If yes, plea	ase attach as much	n information as you can	
			-	
Declaration				
practitioner to disclo		orker's employer	or his/her insurer and W	by authorize any medica VorkCover WA any
Ciamatanna				
Signature			Date	/ /
Signature			Date Date	/ /
_				
Signature	ISLIDED DETAILS			
SignatureINSURER/SELF-IN		ach and forward th	Date	1 1
Signature INSURER/SELF-IN Insurer/self-insurer t			Date this notice	e to WorkCover WA,
Signature INSURER/SELF-IN Insurer/self-insurer t	to complete then deta Shenton Park, WA 60		Date	e to WorkCover WA,
INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number:	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
Signature INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number: Claim number:	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number:	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
Signature INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number: Claim number:	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
Signature INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number: Claim number: WCN:	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
Signature INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number: Claim number: WCN: Occurrence Details	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,
Signature INSURER/SELF-IN Insurer/self-insurer t 2 Bedbrook Place, S Name of insurer/self Policy number: Claim number: WCN: Occurrence Details Mechanism:	to complete then deta Shenton Park, WA 60		Date this notice	e to WorkCover WA,

Workers' Compensation and Rehabilitation Act 1981 (Sections 57A(1)(b), 57B(1)(b) & 61(1))

FIRST MEDICAL CERTIFICATE

1. Worker's Details	
First name(s): Surname:	
Address:	
Telephone: Date of birth:/ Occ	upation:
$\hfill \square$ I have provided a WorkCover WA Injury Management brochure to the wo	orker.
2. Employer Details	
Name & address of worker's employer:	
3. Consent Authority (to be signed at the option of the worker)	
I authorize any doctor who treats me (whether named in this ce medical condition, in relation to my claim for workers' compens options, with my employer and with their insurer. Worker's Signature	sation and return to work
IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON MAY DELAY A DECISION BY YOUR EMPLOYER O	
4. Details from Worker Date of injury/disease, etc: Workplace location where incident occurred: Worker's description of the injury/disease, etc: Worker's description of how it occurred:	AFFECTED AREA
5. Medical Assessment Clinical findings / diagnosis (include possible complications, effect of prior injury or medical condition):	
In my opinion the above diagnosis does □ / does not □ correlate with the injury/disease, etc. described to me by the worker. INJURY MANAGEMENT	<u> </u>

Appendix I
6. Fitness for Work It is my opinion that as from the date of this certificate the worker is: FIT
☐ Fit to return to pre-disability duties, no further treatment required ☐ First and Final certificate [See reg. 7 and s. 61(1) of the Act]
☐ Fit to return to pre-disability duties, but requires further treatment
☐ Fit for restricted return to work from to
□ restricted hours (please specify):
□ restricted days (please specify):
□ Work restrictions:
□ No lifting anything heavier than kg. Other restrictions:
Avoid repetitive bending / lifting.
☐ Avoid repetitive use of body part: ☐ Avoid prolonged standing/ walking / sitting.
☐ Keep injured area clean and dry.
UNFIT
☐ Totally unfit for work for
7. Medical Management
☐ Medication:
☐ Physiotherapy / Chiropractor No. sessions recommended: ☐ Imaging
☐ Referred to hospital/specialist (name)
Other treatment:
North and the Advance of Fig. 1 Court Cour
Next appointment (unless "First & Final Certificate") Date
If the worker is not reviewed within 14 days, the worker may be required, under section 64 or 65 of the Act, to submit to a medical examination by a medical practitioner provided by the employer, on a day chosen by the employer.
8. Medical Practitioner / Employer Contact
☐ I have made contact with the employer and discussed alternative work options.
☐ The worker will be off work for more than 3 working days and/or is unable to return to normal duties.
Employer please fax your contact details as I will contact you to discuss return to work options.
☐ The worker is able to return to normal duties. Contact with employer not necessary at this stage.
9. Medical Practitioner's Details
Name
Address
Telephone Signature
Fax
For workers' compensation information or assistance contact WorkCover WA's Infoline: 08 9388 5555 Country callers: 1 800 670 055

Form 3A

[r. 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.
Date on which weekly payments are proposed to commence:
[Insurer to liaise with employer to ascertain the commencement date]
Signed on behalf of the insurer:
Date:
* Please provide this claim number to your general practitioner at your next appointment in relation to this claim

Appendix I

Form 3B

[r.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:
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.

Form 3C

[r.6D]

Workers' Compensation and Rehabilitation Act 1981 (Section 57A(3)(c))

INSURER'S NOTICE WHERE NO DECISION ABOUT LIABILITY

Го:
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

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Form 3D

[r.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:
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.

Form 3E

[r.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.

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Form 4

Workers' Compensation and Rehabilitation Act 1981 (Section 61(1))

FINAL MEDICAL CERTIFICATE

To (name and address of worker's employer) WORKER'S DETAILS First name(s): Surname: Address: Telephone: Date and place of occurrence of disability:/	To (name and address of worker's employer) WORKER'S DETAILS First name(s): Surname:
WORKER'S DETAILS First name(s):	WORKER'S DETAILS First name(s): Surname:
WORKER'S DETAILS First name(s):	WORKER'S DETAILS First name(s): Surname:
First name(s):	First name(s):
Address: Telephone: Date and place of occurrence of disability:/	
Telephone: Date and place of occurrence of disability:/	
Date and place of occurrence of disability:/	
Having examined the worker, it is my opinion that as from/	
Having examined the worker, it is my opinion that as from/	Date and place of occurrence of distortity.
the worker has total capacity for work. the worker has partial capacity for work. the worker's incapacity is no longer a result of the disability. It is also my opinion that as from/ the worker is fit. fit for alternative duties with the following limitations: Grounds for the opinion in medical assessment	MEDICAL ASSESSMENT
	the worker has total capacity for work. the worker has partial capacity for work. the worker's incapacity is no longer a result of the disability. It is also my opinion that as from/ the worker is fit. fit for alternative duties with the following limitations:

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MEDICAL PRACTITIO	IER'S DETAILS
	Registration No.:
Telephone:Fax:	
	Time & Date of examination:
	workers' compensation information or assistance contact

WorkCover WA's Infoline: 08 9388 5555 Country callers: 1 800 670 055

Workers' Compensation and Rehabilitation Act 1981

NOTICE TO WORKER OF INTENTION TO DISCONTINUE OR REDUCE PAYMENTS

(Section 61(1)(2))

TO:				
	(Name and add	,		
TAKE NOT		(name of employer)		
	the weekly payments of compe	service upon you of this notice, to nsation/reduce the weekly payments on the		
(1)	this notice is based upon the re	eport(s) of		
		d		
	· · · · · · · · · · · · · · · · · · ·	it is said that (state concisely the ground		
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)	± •	payments may be lawfully discontinued or		
[(4)]				
(5)	you may obtain information from the Workers' Compensation and Rehabilitation Commission situated			
	(address of Com	as to the ways		
		establish or protect your rights in respect of		
Dated the	day of	19 .		
		Signed on behalf of the employer.		
* Delete whi	chever is inapplicable.			

Workers' Compensation and Rehabilitation Act 1981 (Section 69)

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

	= =	-	. * = delete where appropriate]
Го:		-	nsurer
		•••••	
A.	WORKER'S SECTION		
I,			
	· ·		of worker)
of			al address)
			Postcode:
Occ	upation:	•••••	
*bei	ng duly sworn, say that/do soler	nnly and	d sincerely affirm that —
1.	The above details about me a	re corre	ect.
2.	I reside at the above address.		
3.	On/19 I suf	fered a	disability when employed by
			ress of employer)
	orn/affirmed at)	
in	(State or country))	
this	day of 19)	
Befo	ore me:		
			(a person having authority
			to administer an oath)
B. D	OCTOR'S SECTION		
I,			
	(full nam	e of me	edical practitioner)
of			
		`	dress)
			Postcode:
*bei	ng duly sworn, say that/do soler	nnly and	d sincerely affirm that —

1.	I am a d	uly qua	alified medica	l practi	tioner.		
2.	On that he/s		/19 I examined the above person and am of the opinion				
	(a)		Fit.				
	(b)				duties with the following		
	(c)		Totally uni	fit for w	ork.		
*Swo	orn/affirme	ed at)			
in	((State o	or country))			
this	day	of	19)			
Befo	re 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

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

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[r.10B(3)]

Workers' Compensation and Rehabilitation Act 1981

REQUIREMENT TO ATTEND BEFORE A MEDICAL ASSESSMENT PANEL

•		*	l at
on	the	day of	19
	time to produce to the	e panel	
(specified do	cuments)		
* delete if ind	applicable		
Dated			
			CHAIRMAN Medical Assessment Panel

			İΧ	

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						
I acknowledg	ge that, by making this election: -	_				
1.	I shall have no other claim to red	demption of weekly payments.				
2.	I shall have no claim after the da compensation.	ate of this election to weekly payments of				
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 dependents 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).				

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT

(Schedule 5, clause 3)

I,	of				
((name of worker)	(address)			
having suffer weekly paym receive the su sum of \$		nelioma/lung cancer nce with Schedule a *no dependant spou	and being entitled to 1 of the Act, elect to		
I acknowledg	ge that, by making this election: -				
1.	I shall have no other claim to re	demption of weekly	y payments.		
2.	I shall have no claim after the d compensation.	ate of this election	to weekly payments of		
3.	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, dependents 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	1			
Signed by the in the present					
			1.6.11		
		(Signature and	I full names of witness).		
* Delete which	chever is inapplicable.				

Appendix I		

Form 15A

[r.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	
,	
	Director of Conciliation and Review

pe	

Form 15B

[r.12(5)]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF RECORDING OF MEMORANDUM OF AGREEMENT

Ref.	
YOU ARE NOTIFIED	
	agreement entered into between
	and
the abovenamed parties, and dated the	day of
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

Form 15C

Workers' Compensation and Rehabilitation Act 1981

MEMORANDUM OF AGREEMENT

(Section 76 & 67(2))

TO: the Director, Conciliation & Review Directorate, Perth, Western Australia

In the matter of an Agreement made the day of (year)

Between (Employer)

of (address) (WCN Number)

and

(Worker)

of (address) Claim No:

Upon the Agreement being recorded pursuant to section 76 of the *Workers' Compensation and Rehabilitation Act 1981* ("the Act") the worker's claims referred to in this Agreement are finalised and the employer shall pay to the worker, and the worker shall accept, the lump sum of \$, upon the terms and conditions as set out in the following —

1. Date of disability (injury)

Which occurred by:

- * a personal injury by accident arising out of or in the course of the employment, or whilst the worker was acting under the employer's instructions;
- * a disabling disease to which Part III Division 3 applies;
- * a disease contracted by a worker in the course of his/her employment at or away from his/her place of employment and to which the employment was a contributing factor and contributed to a significant degree;
- * the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a significant degree; or

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*	a disa	abling loss of function to which Part III Division 4 applies.						
2.	When	n the disability occurred —						
	(a)	the w	orker was	years of age.	Date of Birth			
	(b)	the w	_	oyed by the employer as				
	(c)	his or	her weekly ear	nings were				
3.	The n	ature o	f the disability v	was:				
	and n	nd now is:						
	and it	occurr	ed in the follow	ing circumstances —				
4.	The worker has received from the employer prior to the date of this Agreement:							
	(a)	week	ly payments in 1	respect of that disability	totalling \$			
(b) expenses payable under Clauses 9, 10, 17, 18 and 19 of Schedule 1								
		Total	ling		\$ ====	=====		
5.	The lu	ımp su	m is made up as	s follows:				
	*(a)	week	ly payments of o	compensation:				
		(i)		emption of liability to ments as for permanent to		\$		
		(ii)		emption of liability to ments as for permanent pa		\$		
		(iii)	otherwise;			\$		
	*(b)		nses as are provi hedule 1 namely	ded for in Clauses 9, 10	, 17, 18 and 19			
						\$		

Appendix I

*(c) the worker having elected under s. 24 of the Act by a form of election dated , compensation payable under Schedule 2, representing % loss of Item being for the permanent loss of the efficient use of the

Totalling: \$

*(d) redemption amount under Schedule 5 Clause 2 or 3(2) (3)

\$

*(e) supplementary amount under Schedule 5 Clause 2 or 3(2), (3) or (4)

\$

TOTAL LUMP SUM

- **6.** The employer warrants that to the date of this Agreement it has paid all compensation due to the worker and all expenses in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1 (which includes medical and travelling) and, to the extent that these have not been paid, undertakes to pay them.
- 7. The worker warrants that he/she is not aware of any expenses due but unpaid in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1.
- **8.** The worker hereby releases and forever discharges the employer from all claims and demands which the worker now has or, but for the execution of this agreement, could or might have had against the employer under the Act in any respect to the disability to the worker referred to in this Agreement.

SIGNED by the worker:

in the presence of:

SIGNED by or on behalf of the employer: in the presence of-

*Delete if not applicable.

Form 15D

Workers' Compensation and Rehabilitation Act 1981

STATEMENT OF THE CONSEQUENCES OF THE RECORDING OF A MEMORANDUM OF AGREEMENT

(Section 76(2)(a))

In making an agreement for the purposes of section 67(l) of the *Workers' Compensation* and *Rehabilitation Act 1981* ("the Act") and upon that agreement being recorded under section 76 of the Act the following will apply;

- (1) The worker will have no further entitlement to compensation under the Act for weekly payments arising out of the disability referred to in the agreement.
- (2) The worker will not have any other claim to redemption of weekly payments arising out of the disability referred to in the agreement.
- (3) The worker will not have any further entitlement in respect of the disability referred to in the agreement (after the date the agreement is recorded) to payment of expenses under clauses 9, 17, 18 or 19 of the Schedule 1 to the Act.

 That is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses.
- (4) The worker forfeits any entitlement he/she may have to compensation for a permanent disability, arising out of the disability referred to in the agreement under Schedule 2 of the Act.
- (5) The worker forfeits any entitlement he/she may have to pursue common law damages under section 93D of the Act, in respect of the injury referred to in the agreement.
 That is, in general terms, the worker forfeits any entitlement they have to sue their employer for civil damages.

I

	vledge that I am a n under section 6	nware of the consequences (7(1) of the Act.	s of the recording of a
Dated the	day of	(year)	
			Signature of the worker

, confirm that I have read the above information

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T
Form 15E
Workers' Compensation and Rehabilitation Act 1981
NOTICE DISPUTING MEMORANDUM OF AGREEMENT, OR OBJECTING TO ITS BEING RECORDED
(Section 76)
IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN AUSTRALIA
In the matter of an Agreement between
Employer
and
Worker
Ref. AG
TAKE NOTICE that the genuineness of the Memorandum in the abovementioned matter sent to you for registration is disputed by
a party affected by such Memorandum, in the following particulars:
(here state particulars)
(Or that
of a party interested in the
Memorandum in the above mentioned matter sent to you for registration, objects to the

Memorandum in the above mentioned matter sent to you for registration, objects to the same being recorded, on the following grounds:)

(here state grounds)

Dated this day of (year)

Form 15F

Workers' Compensation and Rehabilitation Act 1981

NOTICE THAT MEMORANDUM OF AGREEMENT IS DISPUTED, OR OF OBJECTION TO ITS BEING RECORDED

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN AUSTRALIA

In the matter of an Agreement between

Employer and Worker

Ref. AG

TAKE NOTICE that the genuineness of the Memorandum in the abovementioned matter left with me (or sent to me) for registration is disputed by

a party affected by such Memorandum, in the following particulars:

(Here state particulars of dispute)

(Or that

a party interested in the Memorandum in the abovementioned matter, left (or sent to) me for registration objects to the same being recorded, on the following grounds:)

(Here state grounds)

The Memorandum will therefore not be recorded, except with the consent in writing of

or by Order of the Compensation Magistrate's Court.

Dated this day of , (year)

Director, Conciliation & Review

Appendix I		

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES

CONFIDENTIAL

(Section 171(1)(a))

NEW/RENEWED POLICIES/COVER NOTES

Name of ap	proved insura	ance offic	e			
Address						
Executive D	Director, Wor	kers' Cor	npensation and	Rehabilitatio	on Commission.	
during the n	nonth of renewed a po			19	ch employer wh above office ag	
Policy/Cover Note No.	New (N) Renewal (R)	Name	Address	Occupation	Effective Date (If Less Than 12 Months Cover)	Expiry Date
Position hel	d by officer .				teature of respons	

A	nn	e۲	h	iy	ı
\sim	υp	EI	ıu	IX	

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICERS

CONFIDENTIAL

(Section 171(1)(b))

LAPSED	POL	ICIES
--------	-----	-------

			2	222 1 0210122			
Name of approved insurance office							
The following are the names, addresses and occupations of each employer in respect to whom, during the month of							
Policy No.	Name	Address	Occupation	Reason			
Position held by officer							
Signature of responsible officer							

		X

[r.19D]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF	ARRANGEMENT OF AUDIOMETRIC	C TEST
TO:		
	(full name of worker)	
of:		
	(full address of worker)	
conducted by	at I have arranged for you to undergo an aud	
(name	of person approved under regulation 19B))
	address at which test is to be conducted)	
•	address at which test is to be conducted)	
at	a.m./p.m. on	
	, 0	erson arranging test)
	name of employer)	(date)
NON-ATTENDANCE:	A worker shall not, without reasonable e submit himself for an audiometric test of has notice (regulation 19D(3)).	
PERIOD OF QUIET:	An employer shall ensure that the worke exposed in the workplace, and the worke knowingly permit himself to be exposed above 80dB(A) during the 16 hours immediate the audiometric test (regulation 19D(3)).	er shall not , to noise levels nediately preceding
PENALTY: \$200.		

Appendix I
Form 19A [r.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
GIVEN NAMES (in full) SEX
SURNAME M F
ADDRESS NUMBER AND STREET SUBURB OR TOWN POSTCODE DATE OF BIRTH
DAY MONTH YEAR HOME PHONE NUMBER WORK PHONE NUMBER
OCCUPTATION OF WORKER A.S.I.C. OFFICE USE EMPLOYED BY:
FULL NAME OF EMPLOYER
ADDRESS NUMBER AND STREET OF EMPLOYER
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

Appendix I									
WAUGH AND MACRAE'S CRITERIA: (Please tick only if worker fails)									
Item 1		Iten				I	Item 3		
HEARING	G TEST RE	SUL	TS						
HERTZ (Hz)		500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR RT EAR **MASKED LT EAR LT EAR **MASKED								
**BONE	RT EAR RT EAR MASKED								
CONDUCTION	LT EAR LT EAR MASKED								
CALCULATED PLH									
PERSON (CONDUCT	ING	TES	<u>T</u>	1 1	INIT	 IAL		REG. NO.
EQUIPMENT RE	EG. NO.					ВО	OTH RE	EG. NO.	
	hat I have personal t 1981 and to the b								
* Delete	which doesn't a	ipply	ers or A	udiologi	sts Only	_		DAY MON	TH YEAR
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Workers' Compensation and Rehabilitation Act 1981

Form 19B

REPORT OF SUBSEQUENT/RETIRING/TURNING 65 AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

		t of:
WORKER'S DETAILS		
CIVIEN NAMES (. C. II)		CEV
GIVEN NAMES (in full)		SEX
SURNAME		M F
FORMER SURNAME IF APPLICABLE		
ADDRESS NUMBER AND STREET		
SUBURB OR TOWN		POSTCODE
DATE OF BIRTH		10010022
DAY MONTH YEAR HOME PHONE NU	MBER WORK	
OCCUPTATION OF WORKER	A.S.I.C	C. OFFICE USE
EMPLOYED OR FORMERLY EMPLOYED	BY:	
FULL NAME OF EMPLOYER		
FULL NAME OF EMPLOYER		POSTCODE
FULL NAME OF EMPLOYER ADDRESS NUMBER AND STREET OF EMPLOYER		
FULL NAME OF EMPLOYER ADDRESS NUMBER AND STREET OF EMPLOYER SUBURB OR TOWN PREDOMINANT INDUSTRY OF EMPLOYER	A.S.I.C	POSTCODE . OFFICE USE
FULL NAME OF EMPLOYER ADDRESS NUMBER AND STREET OF EMPLOYER SUBURB OR TOWN		POSTCODE . OFFICE USE
FULL NAME OF EMPLOYER ADDRESS NUMBER AND STREET OF EMPLOYER SUBURB OR TOWN PREDOMINANT INDUSTRY OF EMPLOYER LEVEL OF TEST:	A.S.I.C	POSTCODE . OFFICE USE
FULL NAME OF EMPLOYER ADDRESS NUMBER AND STREET OF EMPLOYER SUBURB OR TOWN PREDOMINANT INDUSTRY OF EMPLOYER LEVEL OF TEST: Air-conduction	A.S.I.C PURPOSE OF T	POSTCODE . OFFICE USE

[r.19F]

Appendix													
HEARING	G TEST RE	ESUL	TS										
HERTZ (Hz)		500	1000	1500	2000	3000	4000	600	00		800	00	
AIR CONDUCTION	RT EAR RT EAR **MASKED LT EAR LT EAR												
**BONE CONDUCTION	**MASKED RT EAR RT EAR MASKED												
	LT EAR LT EAR MASKED												
CALCULATED ***CALCULATI NOISE INDUCE PLH SINCE BAS	ED D	 EVIOU:	USE	% % 'ION*	Prac Add:	ress		OLOGIC					
PERSON	CONDUCT	ΓING	TES	T									
SURNAME				1 1	1 1	INIT	IALS			R	EG. 1	NO.	
EQUIPMENT RE I hereby certify, the Rehabilitation Ac	hat I have persona					accordano		e <i>Worker</i>	s' Comp	pensa	tion o	und	
SIGNATURE * Delete	which doesn't	apply				_		DAY	J	E OF			L EAR
** Appro	ved Medical Pracered Otorhinola	actition			sts Only								

Α				

Date

Form 20

[r.19G]

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR REFERENCE TO MEDICAL ASSESSMENT PANEL

DIRECTOR OF CONCILIATION AND REVIEW

- * 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.

Signature of Applicant

Appendix I		

H]

	[# 10]
Workars' Commonsation and Balabilitation Act 100	[r.19F
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 result audiometric test conducted on the above worker on (date)	
Signature of Applicant	Date

Strike out whichever does not apply.

Workers' Compensation and Rehabilitation Act 1981

REFERRAL OF QUESTION OF DEGREE OF DISABILITY

[r. 19J(1)]

Surname	Other names
Date of birth Sex	Occupation
Address	
Postcode	
Telephone no.	\neg
<u>Employer's details</u>	
Name	
A 1 1	
Address	
Postcode	
Telephone no.	WorkCover no. (if known)
Contact person	
Title	Telephone no.
nsurer's details	
Name	
Address	
5	
Postcode	(11)
Date weekly payments commenced (if applicable).	Claim no. (if known)
Contact person	
*	
Telephone no.	

Workers' Compensation and Rehabilitation Regulations 1982

<u>Disability details</u>					
Description of disability					
Date disability occurred	Date weekly payments commenced				
Degree of disability as assessed by medical practitioner	Relevant level of disability (see s. 93E(3) of the Nominate only one relevant level of disability. not less than 30% not less than 16%				
Tick if the worker and the employer of disability is not less than the relevant	cannot agree on whether the degree of level				
Signature of worker	Date / /				
of worker Lodging this form					
of worker					

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF REFERRAL OF QUESTION OF DEGREE OF DISABILITY

[r. 19J(2), (3)]

<u>Worker's details</u>	
Surname	Other names
Address	
Postcode	
Telephone no.	Occupation
тегерионе по.	Occupation
Employer's details	
Name	
Address	
Postcode	
Telephone no.	WorkCover no. (if known)
<u>Disability details</u>	
Description of disability	
Date disability occurred	
·	
Degree of disability as assessed	Relevant level of disability
by medical practitioner	not less than 30%
	not less than 16%

Workers' Compensation and Rehabilitation Regulations 1982

Appendix I		

Question referred

The question of whether the worker's degree of disability is or is not less than the relevant level has been referred to the Director, Conciliation and Review Directorate, for consideration.

Medical evidence

Accompanying this notice is a copy of the medical evidence provided by the worker which indicates that in the opinion of the worker's medical practitioner the worker's degree of disability is not less than the relevant level.

Objection

If you (the employer) consider the worker's degree of disability is less than the relevant level, you should complete the bottom section of this form and return it to the Director within 21 days of receiving this notice.

If you do not notify the Director within 21 days you will be taken to have agreed that the

Signature of Director	Date	/ /
Employer's objection Employer's assessment of degree of disability		

Workers' Compensation and Rehabilitation Act 1981

DEGREE OF DISABILITY AGREEMENT

[r. 19K(1), (2)]

<u>Worker's details</u>	
Surname	Other names
Address	_
Postcode	
Telephone no.	Occupation
Employer's details	
Name	
Name	
Address	
Address	
Postcode	
Telephone no.	WorkCover no. (if known)
тегерноне но.	workeover no. (If known)
nsurer's details	
Name	
Address	
Postcode	
Date weekly payments commenced (if applicable).	Claim no. (if known)
аррисаоте).	
Contact person	<u> </u>
Contact person	
Telephone no.	
Telephone no.	7

Workers' Compensation and Rehabilitation Regulations 1982

Disability details	
Description of Disability	
.	
Date disability occurred	
Date disability occurred	
Agroomont	
Agreement Agreed degree of disability	Agreed degree of disability is —
(insert actual figure e.g. 22%) %	not less than 30%
	not less than 16%
Signature of	
Worker	Date / /
Signature of	Name of witness
witness	Willess
Signature of	
Employer	Date / /
Signature of	Name of witness
witness	Williess
Recording of agreement	
Date of recording	Record no.
G! 4 B	
Signature of Director	Date / /
Director	

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RETAIN RIGHT TO SEEK DAMAGES

[r. 19M(1)]

Wankania dataila		[1. 1914]
Worker's details Surname		Other names
Date of birth	Sex	Occupation
Address		
Postcode Telephone no.		
rereptione tio.		
Employayia dataila		
Employer's details Name		
Name		
Address		
Postcode		
Telephone no.	1	WorkCover no. (if known)
G		
Contact person		
Title		Telephone no.
Insurer's details		
Name		
Address		
Postcode		
Date weekly payments comme	enced	Claim no. (if known)
J , J		
Contact person		
Telephone no.		
Disability details		

Workers' Compensation and Rehabilitation Regulations 1982

ndix I		
Description of disability		
Date disability occurred		
Has a Degree of Disability Agreement (Form 24) alby the Director?	lready been recorded Yes [
If yes:date when recorded		
record number		
Degree of disability as agreed9	%	
Has the determination of a dispute as to the degree of been recorded under reg. 19L by the Director?	of disability already Yes [<u> </u>
If yes:date when recorded	110	_
record number		
Degree of disability as determined%	/ ₀	
Signature		
of Worker	Date /	/
Warn	ning	
The registration of this election will, i		froi
	its under the Workers'	
•		
Compensation and Rehabilitation Act		
Compensation and Rehabilitation Act You should seek appropriate indep		ging
Compensation and Rehabilitation Act You should seek appropriate indep this form.		ging
Compensation and Rehabilitation Act You should seek appropriate indep this form. Registration of election	oendent advice before lodg	ging
Compensation and Rehabilitation Act You should seek appropriate indep this form. Registration of election		ging
Compensation and Rehabilitation Act You should seek appropriate indep this form. Registration of election	oendent advice before lodg	ging
Compensation and Rehabilitation Act You should seek appropriate indep this form. Registration of election Date of registration Registr	oendent advice before lodg	ging
Compensation and Rehabilitation Act You should seek appropriate indep this form. Registration of election	ration no.	ging

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION (MEDICAL EVIDENCE AVAILABLE)

[r. 19N(3)(a) and (5)(a)]

Worker's details		
Surname		Other names
Date of birth	Sex	Occupation
Address		
Postcode		
Telephone no.		
Employer's details		
Name		
Address		
Postcode		
Telephone no.	_	WorkCover no. (if known)
тегерионе по.		Workcover no. (if known)
Contact person		
·		
Title		Telephone no.
Insurer's details		
Name		
Address		
Postcode		
Date weekly payments com	menced	Claim no. (if known)
G-utt-u		
Contact person		
Telephone no.		
reteptione no.		
		<u></u>

Workers' Compensation and Rehabilitation Regulations 1982

endix I				
Disability details				
Description of disability				
5	_	ee of disabili	•	
Date disability occurred	(as a		orker's med	dical specialist)
		%		
Extension of time sought				
The application for extension of tin	ne is made un	der —		
regulation 19N(2)(a)	OR	regulat	ion 19N(2)	(c)
Extension sought until				
Signature				
of Worker			Date	/ /
Lodging this form				
This form should be lodged with —	-			
Director, Conciliation a	nd Review Di	rectorate		
WorkCover WA				
Perth, Western Australia	ì			
If applying under regulation 19N(2				
a medical practitioner who is a spec require major surgery in the extens				idicating that you wi
If applying under regulation 19N(2	-	-		ice of the medical par
determination.				1
Granting of extension				
Granting of extension				
An extension of time to make an el	ection under s	ection 93E(3	(b) of the A	Act —
is granted until /	OR	is n	ot granted	
The extension of time is granted un	nder —			
regulation 19N(2)(a)	OR	regulat	ion 19N(2)	(c)
Signature				
of Director			Date	/ /

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION (MEDICAL EVIDENCE NOT YET AVAILABLE)

[r. 19N(4)(a)]

Vorker's details Surname		Other names
•	-	
Date of birth	Sex	Occupation
Address		
Postcode		
Telephone no.		
•		
Employer's details		
Name		
1141110		
Address		
Destands		
Postcode Telephone no.		WorkCover no. (if known)
reteptione no.		WORKCOVEL HO. (II KHOWII)
Contact person		
•		
Title		Telephone no.
nsurer's details		
Name		
Address		
Postcode		
Date weekly payments commen	nced	Claim no. (if known)
Bate weekly payments commen		
Bute weekly payments commen		
Contact person		

Workers' Compensation and Rehabilitation Regulations 1982

Description of disability	
Description of disability	
5	
Date disability occurred	
Extension of time	sought
Extension sought until	
	he worker submits that he or she will require major surgery in resp sion period (see regulation 19N(1))
_	
a medical practitioner wh	been taken by or on behalf of the worker to obtain medical evidence is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period
a medical practitioner wh	o is a specialist in a relevant field of medicine that the worker wil
a medical practitioner wh	o is a specialist in a relevant field of medicine that the worker wil
a medical practitioner wh	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period
a medical practitioner wh	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period
a medical practitioner wherequire major surgery in	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period
a medical practitioner where require major surgery in Signature	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period (attach separate sheet if insufficien
a medical practitioner where require major surgery in Signature	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period (attach separate sheet if insufficien
a medical practitioner where the require major surgery in surgery	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period (attach separate sheet if insufficien Date / /
a medical practitioner where require major surgery in s	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period
a medical practitioner where the require major surgery in surgery	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period
Signature of Worker Lodging this form This form should be lodg Director, Con WorkCover V Perth, Wester	to is a specialist in a relevant field of medicine that the worker will respect of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet if insufficient part of the disability in the extension period (attach separate sheet in the disability in the extension period pe
Signature of Worker Lodging this form This form should be lodg Director, Con WorkCover V Perth, Wester You must also give to the to this application.	ed with — ciliation and Review Directorate WA n Australia e Director any further evidence that the Director may request in re
Signature of Worker Lodging this form This form should be lodg Director, Con WorkCover V Perth, Wester	ed with — ciliation and Review Directorate WA n Australia e Director any further evidence that the Director may request in re

		Appendix I
Signature of Director	Date	/ /

[Appendix I Corrigendum in Gazette 23 April 1982 p.1384; amended in Gazette 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 pp.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; 13 April 1999 pp.1533-41 (printer's correction in Gazette 16 April 1999 p.1598); 15 October 1999 pp.4893-8, 4900-2, 4907-12; 14 December 1999 pp.6151-63.]

Appendix II

Workers' Compensation and Rehabilitation Commission Table showing present values of \$1.00 per annum payable weekly assuming an effective earning rate of 3% per annum

Value		Weeks												
0	Years													
1		-										-		
1.941 48 1.959 50 1.977 70 1.995 80 2.013 88 2.033 96 2.068 08 2.086 12 2.104 16 2.122 18 2.140 20 2.158 20 4.64 21 2.141 48														
2.870 02 2.887 00 2.995 18 2.992 75 2.940 31 2.997 86 2.095 40 2.999 33 3.010 45 3.027 96 3.085 44 3.062 94 3.080 44 3.781 51 3.788 83 3.085 65 3.827 38 3.885 79 3.878 23 3.890 84 3.987 85 3.994 85 3.995 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 79 3.084 84 3.985 85 3.995 85														
3.771 51 3.788 88 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 3.957 86 4.865 24 4.663 24 4.663 24 6.679 89 4.666 54 4.7130 04 2.7127 87 4.7159 65 4.7160 04 4.7150 04														
5.496 49 5.496 49 5.215 8 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 5.632 148 6.332 73 16 6.332 73 6.368 34 6.389 48 6.399 53 6.415 11 6.332 67 6.446 25 6.464 81 6.477 36 6.492 89 6.508 42 5.790 80 7.790 08 7.791 81 7.929 53 7.944 25 7.958 95 7.793 65 7.958 34 8.003 02 8.017 09 8.032 35 8.047 01 8.061 65 8.076 29 8.032 10 8.655 07 8.669 37 8.683 68 8.097 95 8.712 22 8.726 49 8.740 75 8.755 00 8.692 52 8.838 87 7.333 49 10.790 63 10.803 71 10.133 19 10.126 66 10.141 10.153 58 10.153 10.790 63 10.803 71 10.132 19 10.126 61 10.141 10.153 58 10.153 10.790 63 10.803 71 10.816 79 10.829 87 10.824 93 10.855 99 10.869 04 10.882 09 10.895 12 10.993 15 10.921 17 10.941 18 10.947 19 11.141 19 14.146 81 11.446 83 11.449 52 11.512 04 11.446 18 11.446 81 13.838 04 13.839 11 13.045 11 13.045 18 13.045 1														
7 6.321 48 6.337 11 6.352 73 6.368 34 6.389 9 7.198 22 7.133 55 7.224 38 7.234 88 7.236 87 7.238 87 7.339 87 7.388 87 7.339 80 7.237 88 7.238 88 7.339 88 7.334 88 7.339 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 7.334 88 8.367 91 8.861 93 8.861 93 8.787 41 9.471 25 8.755 00 8.769 25 8.783 49 8.797 71 8.811 39 8.261 55 9.437 55 9.457 41 9.471 25 9.458 55 9.457 41 9.471 25 9.458 55 9.457 41 9.471 25 9.458 55 9.457 41 9.471 25 9.458 55 9.457 41 9.471 25 9.458 55 9.458 65 9.438 55 9.458 65 9.438 55 9.458 65 9.458 55 9.458 65 9.438 55 9.458 65 9.438 55 9.458 65 9.438 55 9.458 65 9.438 55 9.458 65 9.458 65 9.458 65 9.4	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
8 7.122 44 7.137 62 7.152 P8 7.167 94 7.183 08 7.198 28 7.213 35 7.228 47 7.243 88 7.233 88 7.233 88 7.233 88 7.233 88 7.233 88 7.233 88 8.033 25 8.047 01 8.061 65 8.076 20 8.878 49 8.797 71 8.811 93 8.826 15 11 9.388 06 9.401 95 9.418 82 9.429 69 9.443 55 9.457 41 9.471 25 9.485 09 9.498 82 9.512 74 9.526 55 9.540 36 9.554 16 12 10.090 63 10.830 71 10.133 19 10.266 61 10.143 19 10.133 19 10.123 19 10.247 77 10.260 77 10.140 80 14 11.461 24 11.474 13 11.486 83 11.495 29 11.524 88 11.537 55 11.550 22 11.528 11 11.212 14 12.212 49 12.112 49 12.186 59 12.186 59 12.198 89 12.211 17 12.223 46 12.235 73 12.248 00 12.222 46 12.235 73 12.248 00 12.248 10 12.248 28 12.248 29 12.248 29 12.248		5.496 49	5.512 58	5.528 67	5.544 75	5.560 82		5.592 93	5.608 97	5.625 00	5.641 02	5.657 04	5.673 04	5.689 04
9 0 7,900 08 7,914 81 7,929 33 7,944 25 7,958 95 7,973 65 7,983 24 8,003 02 8,017 69 8,032 35 8,047 01 8,061 68 8,076 29 11 9,388 06 9,401 95 9,415 82 9,429 69 9,443 55 9,457 41 9,412 59 9,485 09 9,498 29 5,912 74 9,226 55 5,540 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 19 10,202 77 10,224 77 10,224 77 10,224 77 10,204 78 10,241 78 10,241 78 10,224 77 10,203 78 10,201 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,241 78 10,243 78 10,243 78 10,243 78 10,241 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243 78 10,243														
10														
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 19 10,207 34 10,220 76 10,224 17 10,247 77 10,260 77 14 11,461 42 1,474 13 11,486 83 1,499 52 1,1512 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 12 12,126 8 12,125 90 12,137 55 12,149 67 12,161 99 12,186 59 12,186 59 12,188 19 12,211 17 12,235 44 12,235 73 12,248 00 12,260 26 12,744 97 12,756,94 12,766 92 12,780 88 12,792 84 12,804 79 12,816 73 12,888 67 12,880 79 12,845 79 12,856 79 12,865 79 12,8	-													
10.099 71 10.113 19 10.126 66 10.140 13 10.153 88 10.167 03 10.180 48 10.193 91 10.207 34 10.2207 16 10.234 17 10.247 57 10.260 97														
10.796 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 10.9021 17 10.934 18 10.947 19														
15														
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 13.368 13.396 12 13.397 41 13.392 91 13.393 71 13.405 31 13.416 92 13.428 51 13.440 10 13.373 14 14.056 21 14.067 44 14.076 76 14.083 99 14.051 22 14.052 47 14.053 73 14.045 21 14.052 47 14.056 21 14.067 44 14.076 76 14.089 99 14.051 22 14.052 47 14.033 73 14.040 10 14.056 21 14.067 44 14.076 76 14.089 99 14.051 22 14.052 47 14.053 73 14.040 10 14.056 21 14.067 44 14.076 76 14.089 99 14.051 22 14.052 47 14.053 73 14.053 73 14.052 10 14.056 21 14.052 47 14.052 21 14.052 47 14.053 73 14.053 73 14.052 12 14.052 47 14.052 21 14.053 73 14.053 73 14.053 73 14.052 12 14.052 47 14.052 27 14.052 47 14.053 73 14.053 73 14.052 12 14.052 47 14.052 47 14.053 73 14.052 12 14.052 47 14.052 47 14.053 73 14.052 12 14.052 47 14.052 47 14.053 73 14.052 12 14.052 47 14.052 47 14.053 73 14.052 12 14.052 47		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
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	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
18,954 83 3.966 12 13,977 41 13,988 68 3,999 95 14,011 22 14,022 47 44,033 73 14,044 97 14,056 21 44,067 44 14,078 67 14,068 89 14,533 47 14,543 43 14,554 33 14,557 27 14,588 21 14,599 14 14,610 06 14,620 98 14,613 89 14,642 79 14,653 69 14,664 59 15,105 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 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 16,170 25 16,170 25 16,180 23 16,280 22 16,290 19 16,220 29 16,220 29 16,220 29 16,250 28 16,752 36 16,752														
14.533 47 14.544 48 14.554 58 14.566 33 14.577 27 14.588 21 14.599 14 14.510 60 14.620 98 14.631 89 14.631 89 14.632 79 14.653 69 14.664 79 14.653 69 15.101 79 15.222 55 15.102 89 15.101 69 15.100 80 15.100 80 15.201 39 15.201														
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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 25.192 13 25.391 01 25.395 80 25.405 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 46 25.883 97 25.888 48 25.892 99 25.897 50 25.992 00 25.906 50 25.911 00 25.915 49 25.919 99 25.924 48 25.928 96														
47 25.391 01 25.395 80 25.400 59 25.405 38 25.410 16 25.414 94 25.419 72 25.429 26 25.429 26 25.434 03 25.438 80 25.435 86 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 46 25.883 87 25.888 48 25.892 99 25.897 50 25.902 00 25.906 50 25.911 00 25.915 49 25.919 99 25.924 48 25.928 96	45													
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 25.673 69 25.678 32 25.682 95 25.687 57 25.692 19 49 25.874 94 25.879 46 25.883 97 25.888 48 25.892 99 25.897 50 25.902 00 25.906 50 25.911 00 25.915 49 25.919 99 25.924 48 25.928 96 25.928 96 25.928 96 25.928 96 25.928 97 25.928 96 25.928 97 25.928 9														
49 25.874 94 25.879 46 25.883 97 25.888 48 25.892 99 25.897 50 25.902 00 25.906 50 25.911 00 25.915 49 25.919 99 25.924 48 25.928 96														
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	50													

$\begin{array}{c} \text{Appendix II} -- continued \\ \textbf{Weeks} \end{array}$

	Weeks												
Years	13 \$	14 \$	15 \$	16 \$	17 \$	18 \$	19 \$	20 \$	21 \$	22 \$	23 \$	24 \$	25 \$
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		3.167 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		4.060 49	4.077 41		4.111 20	4.128 09	4.144 96		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		6.585 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	11.038 03	11.050 97	11.063 91	11.076 85	11.089 77	11.102 69	11.115 60
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	14.112 31	14.123 51	14.134 70	14.145 89	14.157 07	14.168 24	14.179 41	14.190 57	14.201 73	14.212 88	14.224 02	14.235 16
19	14.675 47	14.686 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	15.243 68	15.254 24	15.264 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
												16.916 51	
24												17.408 88	
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												18.801 61	
28												19.239 07	
29												19.663 80	
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
												20.476 49	
												20.865 18	
												21.242 54	
												21.608 91	
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					22.264 05							22.309 95	
37												22.645 23	
38												22.970 74	
												23.286 78	
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
					23.851 91							23.891 50	
												24.180 72	
43												24.461 51	
												24.734 12	
45												24.998 80	
46												25.255 76	
47					25.472 09							25.505 24	
												25.747 46	
49 50		25.937 93										25.982 62	
30	20.103 19	20.10/ 54	20.1/1 89	20.1/0 24	20.160 38	20.164 93	20.189 27	20.193 00	20.19/94	20.202 27	∠0.∠00 00	26.210 93	20.215 25

$\begin{array}{c} \text{Appendix II} -- continued \\ \textbf{Weeks} \end{array}$

	Weeks												
Years	26 \$	27 \$	28 \$	29 \$	30 \$	31 \$	32 \$	33 \$	34 \$	35 \$	36 \$	37 \$	38 \$
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
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
2	2.409 18		2.444 87	2.462 70		2.498 33	2.516 13	2.533 92	2.551 70	2.569 47	2.587 23	2.604 98	2.622 72
3	3.324 09	3.341 42	3.358 74	3.376 06		3.410 65	3.427 93	3.445 20	3.462 46	3.479 72	3.496 96	3.514 19	3.531 41
4	4.212 36		4.246 00	4.262 81	4.279 61	4.296 39	4.313 17	4.329 94		4.363 45	4.380 19	4.396 92	4.413 64
5	5.074 75	5.091 09	5.107 42	5.123 73		5.156 34	5.172 63	5.188 91	5.205 18	5.221 44	5.237 70	5.253 94	5.270 17
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
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
8	7.514 14		7.544 03	7.558 96		7.588 80	7.603 71	7.618 60	7.633 50	7.648 38	7.663 25	7.678 12	7.692 97
9	8.280 36		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
10	9.024 27			9.066 52		9.094 65	9.108 70	9.122 74		9.150 81	9.164 83	9.178 84	9.192 84
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
12			10.474 28		10.500 81								
13			11.154 29		11.180 04								
14			11.814 49										
15			12.455 46										
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
17			13.681 95										
18			14.268 53		14.290 75								
19			14.838 03										
20			15.390 94										
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
22			16.448 91										
23			16.954 90										
24			17,446 16										
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
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
27			18.835 72										
28			19.272 19										
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
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
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
32			20.894 60										
33			21.271 11										
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
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
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
37			22.670 61										
38			22.995 39										
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
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
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
42			24.202 61										
43			24.482 77										
44			24.754 76										
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
46	25.265 49	25.270 36	25.275 22	25.280 07	25.284 93	25.289 78	25.294 63	25.299 47	25.304 31	25.309 15	25.313 99	25.318 83	25.323 66
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
48	25.756 63	25.761 21	25.765 79										
49		25.995 97			26.009 31								
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
		1		1	1		1				1		

	Weeks												
Years	39	40	41	42	43	44	45	46	47	48	49	50	51
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
0	0.741 54	0.760 34	0.779 12	0.797 90	0.816 67	0.835 42	0.854 17	0.872 90	0.891 63	0.910 34	0.929 04	0.947 73	0.966 41
1	1.705 02	1.723 27	1.741 52	1.759 75	1.777 97	1.796 17	1.814 37	1.832 56	1.850 74	1.868 91	1.887 07	1.905 21	1.923 35
2	2.640 45	2.658 17	2.675 88	2.693 58	2.711 27	2.728 94	2.746 61	2.764 27	2.781 92	2.799 56	2.817 19	2.834 81	2.852 42
3	3.548 63	3.565 83	3.583 02	3.600 21	3.617 38	3.634 55	3.651 70	3.668 84	3.685 98	3.703 10	3.720 22	3.737 33	3.754 42
4	4.430 35	4.447 06	4.463 75	4.480 43	4.497 11	4.513 77	4.530 42	4.547 07	4.563 71	4.580 33	4.596 95	4.613 56	4.630 15
5	5.286 40	5.302 62	5.318 82	5.335 02	5.351 21	5.367 39	5.383 56	5.399 72	5.415 87	5.432 01	5.448 14	5.464 27	5.480 38
6	6.117 51	6.133 26	6.148 99	6.164 72	6.180 43	6.196 14	6.211 84	6.227 53	6.243 21	6.258 88	6.274 54	6.290 20	6.305 84
7	6.924 42	6.939 70	6.954 98	6.970 25	6.985 50	7.000 75	7.016 00	7.031 23	7.046 45	7.061 67	7.076 88	7.092 07	7.107 26
8	7.707 82	7.722 66	7.737 49	7.752 31	7.767 13	7.781 93	7.796 73	7.811 52	7.826 30	7.841 07	7.855 84	7.870 59	7.885 34
9	8.468 41	8.482 81	8.497 21	8.511 60	8.525 99	8.540 36	8.554 73	8.569 09	8.583 44	8.597 78	8.612 11	8.626 44	8.640 76
10	9.206 84	9.220 83	9.234 81	9.248 78	9.262 74	9.276 70	9.290 65	9.304 59	9.318 52	9.332 44	9.346 36	9.360 27	9.374 17
11	9.923 76	9.937 34	9.950 92	9.964 48	9.978 04	9.991 59	10.005 13	10.018 66	10.032 19	10.045 71	10.059 22	10.072 72	10.086 22
12		10.632 99	10.646 17	10.659 34	10.672 50	10.685 66	10.698 80	10.711 94	10.725 08	10.738 20	10.751 32	10.764 43	10.777 53
13	11.295 58	11.308 38	11.321 17	11.333 96	11.346 74	11.359 51	11.372 27	11.385 03	11.397 78	11.410 52	11.423 26	11.435 99	11.448 71
14					12.001 33				12.050 89				12.100 34
15	12.588 64	12.600 71	12.612 77	12.624 82	12.636 87	12.648 90	12.660 94	12.672 96	12.684 98	12.696 99	12.709 00	12.720 99	12.732 98
16	13.207 07	13.218 78	13.230 49	13.242 19	13.253 89	13.265 58	13.277 26	13.288 93	13.300 60	13.312 26	13.323 92	13.335 56	13.347 21
17	13.807 48	13.818 86	13.830 22	13.841 58	13.852 94	13.864 28	13.875 63	13.886 96	13.898 29	13.909 61	13.920 93	13.932 23	13.943 54
18												14.511 53	
19												15.073 95	
20	15.505 82	15.516 23	15.526 63	15.537 03	15.547 42	15.557 80	15.568 18	15.578 55	15.588 92	15.599 28	15.609 63	15.619 98	15.630 33
21	16.039 28	16.049 38	16.059 48	16.069 58	16.079 66	16.089 75	16.099 82	16.109 89	16.119 96	16.130 02	16.140 07	16.150 12	16.160 16
22					16.596 41				16.635 53				16.674 56
23												17.164 51	
24					17.585 19								
25												18.120 68	
26												18.577 98	
27												19.021 96	
28 29												19.453 00 19.871 50	
30												20.277 80	
31												20.672 27	
32 33												21.055 25 21.427 08	
34												21.427 08	
35												22.138 55	
36 37					22.433 60							22.478 83 22.809 19	
38												23.129 93	
39												23.441 33	
40												23.743 65	
41	23 075 81	23 081 40	23 086 00	23 002 58	23 008 17	24 003 75	24 000 33	24 014 90	24 020 48	24 026 05	24 031 61	24.037 18	24 042 74
42												24.322 15	
43												24.598 82	
44												24.867 44	
45	25.073 70	25.078 67	25.083 64	25.088 61	25.093 57	25.098 53	25.103 49	25.108 44	25.113 39	25.118 34	25.123 29	25.128 23	25.133 17
46	25,328 49	25,333 31	25.338 14	25.342 96	25.347 77	25,352 59	25,357 40	25,362 21	25,367 02	25.371.82	25,376 63	25.381 42	25,386 22
47												25.627 24	
48												25.865 91	
49					26.066 82				26.084 43				
50	26.275 54	26.279 83	26.284 11	26.288 40	26.292 68	26.296 96	26.301 23	26.305 51	26.309 78	26.314 05	26.318 31	26.322 57	26.326 84
	l				l				l			l	

[r.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	Left	Better	Worse	PLH			
	Ear	Ear	Ear	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	7.1			
				Overall Binaur	al $PLH = 35.0\%$			

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 500 Hz

HTL — BETTER EAR

 $\leq 15 \quad 20 \quad 25 \quad 30 \quad 35 \quad 40 \quad 45 \quad 50 \quad 55 \quad 60 \quad 65 \quad 70 \quad 75 \quad 80 \quad 85 \quad 90 \quad \leq 95$

≤15	0																	
20	0.4	0.6																H
25	0.6	1.0	1.4															T
30	1.0	1.4	2.0	2.8														L
35	1.3	1.8	2.5	3.4	4.5													
40	1.7	2.2	3.0	3.9	5.1	6.4												W
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1											\mathbf{o}
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										R
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									\mathbf{S}
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								E
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						E
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					A
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				R
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	

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 1000 Hz

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	
20	0.5	0.8																
25	0.8	1.2	1.8															H
30	1.2	1.7	2.5	3.5														T
35	1.7	2.3	3.1	4.3	5.7													L
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											W
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1										O
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0									R
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7								\mathbf{S}
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5							\mathbf{E}
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					\mathbf{E}
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				A
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			R
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		
<05	43	53	64	7.6	8.9	10.3	119	13.5	15.2	17.0	187	20.5	22.0	23.3	24.2	24.7	25.0	

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 1500 Hz

	≤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															H
30	1.0	1.4	2.0	2.8														T
35	1.3	1.8	2.5	3.4	4.5													L
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											\mathbf{W}
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										O
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									R
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								\mathbf{S}
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							\mathbf{E}
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					\mathbf{E}
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				A
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			R
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 — **2000**

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 2000 Hz

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	
20	0.3	0.5																
25	0.5	0.7	1.1															H
30	0.7	1.0	1.5	2.1														T
35	1.0	1.4	1.9	2.5	3.4													L
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											\mathbf{W}
50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3										o
55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4									R
60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4								S
65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5							\mathbf{E}
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					E
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				A
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			R
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	

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 3000 Hz

	≤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															H
30	0.5	0.7	1.0	1.4														T
35	0.7	0.9	1.2	1.7	2.3													L
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											\mathbf{W}
50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8										O
55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6									R
60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3								\mathbf{S}
65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0							\mathbf{E}
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					\mathbf{E}
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				A
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			R
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	

Table EB — 4000

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 4000 Hz

	≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤20	0																
25	0.1	0.2															H
30	0.2	0.3	0.5														T
35	0.3	0.4	0.6	0.9													L
40	0.4	0.5	0.8	1.0	1.5												
45	0.5	0.7	0.9	1.2	1.6	2.1											\mathbf{W}
50	0.6	0.8	1.0	1.4	1.7	2.2	2.6										0
55	0.6	0.8	1.1	1.5	1.8	2.2	2.7	3.1									R
60	0.7	0.9	1.2	1.5	1.9	2.3	2.7	3.2	3.6								\mathbf{S}
65	0.7	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.6	4.0							E
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					E
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				A
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			R
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

	≤25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤25	0															
30	0.1	0.2														H
35	0.2	0.3	0.4													T
40	0.3	0.4	0.5	0.7												L
45	0.3	0.4	0.6	0.8	1.0											
50	0.4	0.5	0.7	0.9	1.1	1.3										\mathbf{W}
55	0.4	0.5	0.7	0.9	1.1	1.3	1.5									0
60	0.4	0.6	0.7	0.9	1.1	1.4	1.6	1.8								R
65	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0							\mathbf{S}
70	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2						E
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				E
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			A
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		R
≤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	

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

	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	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 ≤30 35 40 45 50 55 60 65 70 80 85 ≤90 0 Н ≤30 \mathbf{T} 35 0.1 - 0.1 \mathbf{L} 40 0.1 0.2 0.2 0.1 0.2 0.3 0.3 50 0.2 0.2 0.3 0.3 0.4 W \mathbf{o} 0.2 0.2 0.3 0.4 0.4 0.5 55 60 0.2 0.2 0.3 0.4 0.4 0.5 0.6 \mathbf{R} 65 0.2 0.3 0.3 0.4 0.5 0.5 0.6 0.7 \mathbf{S} \mathbf{E} 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 0.7 0.8 0.6 0.8 0.8 0.9 E 80 0.2 0.3 0.3 0.4 0.5 0.6 0.6 0.7 0.8 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 \mathbf{A} 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 R ≤90

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

Notes

This reprint is a compilation as at 25 February 2000 of the *Workers'*Compensation and Rehabilitation Regulations 1982 and includes the amendments included in the reprint of 14 February 1995 and other amendments effected by the regulations referred to in the following Table.

Table of Regulations

Citation	Gazettal	Commencement	Miscellaneous
Workers' Compensation and Assistance Regulations 1982 (Corrigendum Gazette 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)	
(Regulations effecting amendments in the previous reprint are not referred to in this Table)			Previous reprint 14 February 1995
Workers' Compensation and Rehabilitation Amendment Regulations 1995	25 August 1995 pp.3885-7	25 August 1995	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1995	15 September 1995 p.4358	15 September 1995	
Workers' Compensation and Rehabilitation Amendment Regulations 1996	17 January 1997 p.444	17 January 1997	
Workers' Compensation and Rehabilitation Amendment Regulations 1997	12 August 1997 p.4568	12 August 1997	
Workers' Compensation and Rehabilitation Amendment Regulations 1998	12 June 1998 p.3205	1 July 1998 (see regulation 2)	

Citation	Gazettal	Commencement	Miscellaneous
Workers' Compensation and Rehabilitation Amendment Regulations 1999	13 April 1999 pp.1531-41	3 May 1999 (see regulation 2)	Printer's correction in <i>Gazette</i> 16 April 1999 p.1598
Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1999	22 June 1999 pp.2692-3	1 July 1999 (see regulation 2)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999	15 October 1999 pp.4890-8	15 October 1999 (see regulation 2)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999	15 October 1999 pp.4900-2	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999	15 October 1999 p.4903	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999	15 October 1999 p.4904	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999	15 October 1999 p.4905	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999	15 October 1999 pp.4906-12	15 October 1999 (see regulation 2)	
Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999	14 December 1999 pp.6147-63	14 December 1999	

Note: The amendment in the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999* cannot have effect because the form it would have amended was deleted in *Gazette* 13 April 1999 pp.1540-1.

2	The Workers' Compensation and Assistance Act 1981 is now cited as the Workers Compensation and Rehabilitation Act 1981.
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Workers' Compensation and Rehabilitation Regulations 1982

Defined Terms

Defined Terms

[This is a list of terms defined and the provisions where they are defined.

The list is not part of the law.]

Defined Term	Provision(s)
action level	19I(2)
approved	19A
approved medical practitioner	19A
approved person	19A
audiologist	19A
audiometric officer	19A
Australian Standard	19A
clause	19A
L peak	19I(2)
representative LAeq,8h	19I(2)
representatives	11(2)