

# Industrial Injuries Disablement Benefit for occupational deafness

If you are claiming Industrial Injuries Disablement Benefit for occupational deafness (Prescribed Disease A10) please fill in this form and send it with a completed BI100PD claim form to Industrial Injuries Branch, Mail Opening Unit, PO Box 42, Limavady, BT49 4AN. Phone: 0300 092 3383.

Title

Surname or family name

All other names – in full

National Insurance (NI) Number

Letters		Numbers					Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you used any of these tools or machines or have you worked close to someone using them?

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
Powered, but not hand-powered, grinding tools used on metal other than sheet metal or plate metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Band saws, circular saws or cutting discs for cutting metal in the metal founding or forging industries	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Circular saws for cutting products in the manufacture of steel	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Burners or torches for cutting or dressing steel-based products	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
<b>Pneumatic percussive tools</b>				
• on metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• for drilling rock in quarries or under ground	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• in mining coal or in sinking shafts or for tunnelling in civil engineering works	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• on stone in a quarry works	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

# Industrial Injuries Disablement Benefit for occupational deafness continued

Have you used any of these tools or machines or have you worked close to someone using them?

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
Machines engaged in cutting, shaping or cleaning metal nails	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Plasma spray guns to spray molten metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Shot-blasters to carry abrasives in air for cleaning	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Firearms as a police firearms training officer	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Vibrating metal moulding boxes in the concrete products industry	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Circular saws for cutting concrete masonry blocks	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Automatic moulding, automatic blow moulding or automatic glass pressing and forming machines used in the manufacture of glass containers or hollow ware	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Spinning machines using compressed air to produce glass wool or mineral wool	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Continuous glass toughening furnaces	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

	Worked in the process	Not worked in the process but worked close to someone else working in it Tell us the distance	Number of hours daily	Employer you worked for at the time
Have you ever worked in textile manufacturing in rooms or sheds where there are machines engaged in:				
weaving man-made or natural, including mineral, fibres	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
the high speed false twisting of fibres?	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

# Industrial Injuries Disablement Benefit for occupational deafness continued

Have you ever used or worked close to plant (excluding power press plant) engaged in the forging (including drop stamping) of metal by means of:

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
closed or open dies	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
drop hammer	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Have you ever used any of these machines, or worked close to someone using these machines, on wood or material composed partly of wood?

Tool or Machine	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
multi-cutter moulding machine	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
planing machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
automatic or semi-automatic lathes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
multiple ross-cut machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
automatic shaping machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
double-ended tenoning machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
vertical spindle moulding machines including high-speed routing machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
edge banding machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
bandsawing machines with a blade width of 75mm or more	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
circular sawing machines in the operation of which the blade is moved towards the material being cut	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
chain saw	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

# Industrial Injuries Disablement Benefit for occupational deafness continued

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
Have you ever used, or worked close to, high pressure jets of water, or a mixture of water and abrasive material (high pressure means more than 680 bar)	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

	Worked in the process	Not worked in the process but worked close to someone else working in it Tell us the distance	Number of hours daily	Employer you worked for at the time
--	-----------------------	--	-----------------------	-------------------------------------

Air arc gouging	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
-----------------	--------------------------	--	----------------------------	----------------------

Burning stones in quarries by jet channelling processes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
---	--------------------------	--	----------------------------	----------------------

Mechanical cleaning of bobbins	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
--------------------------------	--------------------------	--	----------------------------	----------------------

Have you ever worked on gas turbines used for:

• performance testing on test bed	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• installation testing of replacement engines in aircraft	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• acceptance testing of Armed Service fixed wing combat planes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Have worked in the area of skid-transfer banks in a steel mill?	No	<input type="checkbox"/>	Number of hours daily	Employer you worked for at the time
	Yes	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/>

Have you ever worked in the area of knockout and shake-out grids in foundries?	No	<input type="checkbox"/>	Number of hours daily	Employer you worked for at the time
	Yes	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/>

Have you ever worked in a ship's engine room?	No	<input type="checkbox"/>	Number of hours daily	Employer you worked for at the time
	Yes	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/>

# Declaration

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Signature

Date

/      /
----------

