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Claimant Report - Inhaling Respirable Crystalline Silica Dust

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
|  |  | |  | |  | |  | |

Report Detail

1. Is there a history, **at any time**, of having inhaled respirable crystalline silica dust at the time material containing crystalline silica was being produced, excavated, drilled or used in manufacturing, cleaning or blasting?

*The most common form of crystalline silica is quartz - the major component of sand. Exposure to crystalline silica dust occurs in**specific professions. Among these are construction workers, sandblasters, quarry workers, rock drillers, foundry workers, railroad workers, concrete blasters and cutters, brick masons, pottery workers, ship workers, miners, glass workers, and welders. Workers in these industries are at risk because freshly cracked, split, or fractured silica-based materials release high concentrations of airborne dust. In the construction industry, jobs that can expose workers to hazardous crystalline silica dust include jack hammering, concrete block cutting and sawing, rock drilling and transportation, concrete mixing, tunnelling, and repairing linings of rotary kilns and cupola furnaces.*

 **No -** *Please sign the form and return it to the Department*

 **Yes –** In the table overleaf please provide details of the exposure to respirable crystalline silica *(Please be as specific as possible)*:

**Exposure to respirable crystalline silica dust:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Place** | **Material being worked that contained crystalline silica** | **Details of duties or job at the time** |
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| / /  to  / / |  |  |  |
| / /  to  / / |  |  |  |

Claimant's Signature

***You are reminded that:***

* The Declaration you signed on the claim form also covers the information you supply on this form.
* There are penalties for knowingly making false or misleading statements.

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