

EMPLOYER'S INFORMATION QUESTIONNAIRE

To be completed by the employer only

Worker's: (Surname) (Given) (Initials)			Claim Number:		
Social Insurance #:			Occupation		
Date of Birth (Year / Month / Day)			Date of Birth (Year / Month / Day)		
Company Name (as supplied by worker)		Date of from Employment (Year / Month / Day)		to (Year / Month / Day)	

EMPLOYMENT HISTORY

1. Please confirm and/or correct dates of employment, province employed in and occupations as stated above:

FROM <small>(Year / Month / Day)</small>	TO <small>(Year / Month / Day)</small>	OCCUPATION	PROVINCE

2. We are unable to confirm employment as stated above for one of the following reasons: *(Please check appropriate box)*

- We have no personnel files dating back beyond this date: _____
- The company has changed ownership as of _____ and you may contact the former owner, _____ at this phone number, (address) _____
- We have searched our records and spoken to long time employees. We have been unable to confirm this claimant's employment with us.
- Other *(Please explain)* _____

SAFETY PRECAUTIONS

Was hearing protection provided? Yes No

Did you have a policy which required or enforced the use of hearing protection? Yes No

HEARING ASSESSMENTS *(Check appropriate box and complete.)*

- Audiograms have been taken and **all copies are attached.**
- Audiograms have been taken and copies can be obtained from: _____
- Hearing assessments have not been completed for our employees.

Worker's: (Surname)	(Given)	(Initials)	Claim Number:
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HEARING ASSESSMENTS Continued (Check appropriate box and complete.)

Any additional comments you wish to provide would be appreciated. e.g. any pre-existing problems, any knowledge of traumatic injury, etc.

NOISE LEVEL READINGS (Check appropriate box and complete.)

Noise level readings have been taken and **copies are attached.**

Noise level readings have been taken and you may obtain them from: _____

Noise level readings have not been taken.

List the equipment, tools, machinery, etc. that the worker would have used or would be located near the work area.

We wish to thank you for your time in providing this information.

Name of Company: _____ Telephone Number: _____

Name of Person Completing Form (Please Print) _____

Signature: _____ Date: _____

Position: _____