



# EMPLOYER'S INFORMATION QUESTIONNAIRE

Worker's: (Surname) _____ (Given) _____ (Initials) _____		Claim Number: _____
Occupation _____		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 (Year / Month / Day)	TO (Year / Month / Day)	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.

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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: \_\_\_\_\_

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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.

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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: \_\_\_\_\_