C139

Employer's Information Questionnaire

If you are currently employed this form is to be completed by the employer only

Box 2415
Edmonton AB, T5J 2S5
Fax 780- 427-5863 or 1-800-661-1993
contact.centre@wcb.ab.ca

			Claim number
Worker's *Surname*	*First name*	*Initials*	Date of birth (*YYYY/MM/DD*)
Social Insurance Number	Occupation		
Employer name	Date of employment (*YYYY/MM/DD*) from:	to:	

EMPLOYMENT HISTORY

1. Please confirm and/or correct dates of employment, province employed in, and occupation(s).

From (*YYYY/MM/DD*)	To (*YYYY/MM/DD*)	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 and address: _____

☐ We have searched our records and spoken to long-time employees. We have been unable to confirm this worker'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: _____ (Name) _____ Telephone number *(including area code)*

☐ Hearing assessments have not been completed for our employees.

☐ 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 copies can be obtained from: _____ (Name) _____ (Telephone number *(including area code)*)

☐ 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.

_____

_____

_____

_____

_____

_____

Company name _____ Telephone number _____

Contact name *(please print)* _____ Position or title _____

Signature _____ Date: (*YYYY/MM/DD*) _____