



Box 2415
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C139

EMPLOYER'S INFORMATION QUESTIONNAIRE

To be completed by the employer only

				Claim number
Worker's name	<i>Surname</i>	<i>First name</i>	<i>Initial</i>	Date of birth
Social Insurance Number		Occupation		
Employer name		Date of Employment: From		To

EMPLOYMENT HISTORY

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

FROM	TO	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 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

Worker's name	Surname	First name	Initial	Claim number
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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
at this phone number:

Hearing assessments have not been completed for our employees.

Any additional comments you wish to provide?
(Any pre-existing problems, any knowledge of traumatic injury, etc.)

NOISE LEVEL READINGS

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

Noise level readings have been taken and copies can be obtained from
at this phone number:

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.

Date		
Company name	Contact name <i>(please print)</i>	Position / title
Signature		Telephone number