

Employer's report Occupational noise-induced hearing loss

Claim number

Submit this form and supporting documents at wsib.ca

Claimant	t information						
First nan			Last name		Date of birth (dd/mm	ım/vvvv)	
					(
Age	Gender	Date of employmen	t (dd/mmm/yyyy)	Job title			
		From	То				
Is the claimant an owner or partner in the business?							
Is the cla	aimant contracted	d by the business?			Ye	es No	
Is the cla	aimant a spouse	of the business owne	er?		Ye	es No	
Does the		ne office of President	, Vice President, Secretary o	or Treasurer of	Y	es No	
Is the cla	aimant related to	the business owner?)		Y	es No	
Did the	claimant have pre	e-existing hearing los	s?		Ye	es No	
			swers. Use the back of this	form or attach your			
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Enter the claimant's regular work schedule with the letter "F" for full days worked and the letter "H" for half days worked, followed by the total number of hours you pay/paid the claimant each week.

Example:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total hours per week
	F	F	Н	F	F		36

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours per week

What hearing protection is/was provided, if any?

Hearing protection type

Date first provided (dd/mmm/yyyy)

Has the business conducted sound surveys in the areas where this claimant:

(a) works now

Yes

No

Not applicable

(b) previously worked

Yes

No

If no sound surveys have been conducted in the areas the claimant is/was working, estimate if noise levels are now:

the same as before

higher than before

lower than before

Please provide details about this claimant's exposure to hazardous noise while working for this business. Provide the actual noise levels and the number of hours of exposure per day. You can provide estimated noise levels if the actual noise levels are not available. The WSIB has information about noise levels for this industry if you are not able to provide noise levels for the relevant working areas.

Was the claimant working full-time when they were exposed to hazardous noise levels?

Yes

No

Number

Work area, plant number or department number	Claimant job title	Tools and equipment used	Employment (dd/mmm/yyyy)	Sound survey dates (dd/mmm/yyyy)	Noise levels (dB)	of hours exposed
			From			
			То			
			From			
			То			
			From			
			То			
			From			
			То			
			From			
			То			
			From			
			То			

Signature	Job title	Date (dd/mmm/yyyy)	Telephone

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and date above.

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