

Claimant work history

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	H	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

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)	Number of hours exposed
			From			
			To			
			From			
			To			
			From			
			To			
			From			
			To			

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