

**Employer's report**  
**Work related noise-induced hearing loss**

Claim number
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Submit this form and supporting documents at [wsib.ca](http://wsib.ca)

Dear

We have received a claim for work related noise-induced hearing loss from  
 This person indicated your business as somewhere they work or have worked in the past. They believe that the noise levels in the workplace may have caused or contributed to their noise-induced hearing loss. You may not know of their hearing loss, as it may not have become apparent until many years after their employment with you.

We need more information from you to determine eligibility for noise-induced hearing loss benefits. We ask that you send us the following information within **30 days** of the date of this letter. You can provide copies of the original documents.

1. Sound surveys of the work area and noise levels the claimant is/was exposed to, if available.
2. All company audiograms for this claimant, if available.
3. This completed form within 30 days.

If the surveys and/or audiograms are not immediately available, you can send them later. Please include the claim number whenever you send us information about this claim.

We need you to cooperate and send us as much information as possible. The WSIB has the authority to fine you \$250 if you do not fill out, sign and return this form within 30 days.

Thank you for your cooperation. If you have any questions, please call 1-800-387-0750 or visit [wsib.ca](http://wsib.ca).

Claimant information					
Age	Gender	Date of employment (dd/mmm/yyyy)		Job title	
		From	To		
Is the claimant an owner or partner in the business?				Yes	No
Is the claimant contracted by the business?				Yes	No
Is the claimant a spouse of the business owner?				Yes	No
Does the claimant hold the office of President, Vice President, Secretary or Treasurer of the business?				Yes	No
Is the claimant related to the business owner?				Yes	No
Did the claimant have pre-existing hearing loss?				Yes	No

Please provide details to explain any "yes" answers. Use the back of this form or attach your information. If you attach your information, include the claim number.

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

**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) From To	Sound survey dates (dd/mmm/yyyy)	Noise levels (dB)	Number of hours exposed
			From To			
			From To			
			From To			
			From To			
			From To			
			From To			

Signature (print, sign and return to the WSIB or type and upload)

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