

Claim number:

Name:

Date of injury/illness:

Injury/illness:

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.

Visit wsib.ca/submit to submit this form and supporting documents.

Claimant information			
Age	Gender	Date of employment (dd/mmm/yyyy) From _____ To _____	Job title
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.			

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: <table border="1" style="margin: 5px auto; border-collapse: collapse;"> <thead> <tr> <th>Sun</th><th>Mon</th><th>Tues</th><th>Wed</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Total hours per week</th></tr> </thead> <tbody> <tr> <td></td><td>F</td><td>F</td><td>H</td><td>F</td><td>F</td><td></td><td style="text-align: center;">36</td></tr> </tbody> </table>				Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total hours per week		F	F	H	F	F		36
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: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">(a) works now</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 10%;">Not applicable</td> <td style="width: 33%;">(b) previously worked</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> </table>								(a) works now	Yes	No	Not applicable	(b) previously worked	Yes	No									
(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: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">the same as before</td> <td style="width: 33%;">higher than before</td> <td style="width: 33%;">lower than before</td> </tr> </table>								the same as before	higher than before	lower than before													
the same as before	higher than before	lower than before																					

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

Claimant work history (continued)

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			
			From To			
			From To			

Name	Signature
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Job title	Date (dd/mmm/yyyy)	Telephone number
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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 the date above.