



|           |
|-----------|
| Claim No. |
|-----------|

Date:

**Dear Sir/Madam:**

We have received a claim for noise induced hearing loss from \_\_\_\_\_ . This person indicated your company as somewhere he/she works or has 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 the hearing loss, as it may have become apparent many years after the damage was done.

We need additional information from you to see if the person is entitled to noise-induced hearing loss benefits. We ask that you prepare and return the following information within 30 days of the date of this letter:

1. A copy of sound surveys of the area and noise levels the worker was exposed to, if available.
2. Copies of all company audiograms for this worker, if available.

It is important that you return the completed form within the time limit. If the surveys and/or audiograms are not immediately available, you can send them later. Please note and include the claim number whenever you send us information about this claim.

We need as much information as possible to properly determine entitlement to benefits and rely on your cooperation. You should know that the WSIB has the authority to levy a fine of \$250 if this form has not been completed, signed and returned within 30 days.

Thank you very much for your attention to this matter. If you have any questions, please contact me at the number above.

**Worker Information**

|     |  |   |            |
|-----|--|---|------------|
| Age | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Date of Employment (dd/mmm/yyyy)<br>From _____ To _____ | Occupation |
|-----|--|---|------------|

Is the injured worker the owner or partner in the business or a contractor, or spouse of the employer?       yes    no

Does the worker hold the office of president, vice president, director, secretary or treasurer?       yes    no

Is the worker a relative of the employer?       yes    no

Did the worker have a previous similar condition?       yes    no

Please provide details to explain any yes answers. Use the back of the form or attach your information.

**Work History**

Enter normal working days with "F" for full day worked or "H" for half day worked. Enter the total number of hours for which the worker is normally paid.

| Sun | Mon | Tues | Wed | Thur | Fri | Sat | Total Hours |
|-----|-----|------|-----|------|-----|-----|-------------|
|     |     |      |     |      |     |     |             |

Example:

| Sun | Mon | Tue | Wed | Thur | Fri | Sat | Total Hours |
|-----|-----|-----|-----|------|-----|-----|-------------|
|     | F   | F   | H   | F    | F   |     | 36          |

If hearing protection provided, indicate:

|           |                     |
|-----------|---------------------|
| Type Used | Date First Provided |
|-----------|---------------------|

Has the company conducted sound surveys in the areas where this worker:

(a) works now  yes  no (b) previously worked  yes  no

If the worker's employment was before sound surveys of the areas worked in, estimate if noise levels now are:

same as before  higher than before  lower than before

Please provide details about this worker's exposure to hazardous noise while working for this company. Give the actual noise levels and the number of hours of exposure per day. Submit estimated noise levels if actual levels are not available. The WSIB has information of comparable noise levels for this industry if you are not able to provide noise levels for your specific work site.

Was the worker employed full-time in the job that was exposed to high levels of noise?  yes  no

| Work Area, Plant No. or Dept. No. | Occupation | Tools & Equipment Used | Employment |    | Survey Dates | Noise Levels | Hours Exposed |
|-----------------------------------|------------|------------------------|------------|----|--------------|--------------|---------------|
|                                   |            |                        | From       | To |              |              |               |
|                                   |            |                        |            |    |              |              |               |
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|-----------|-------|--------------------|---------------|
| Signature | Title | Date (dd/mmm/yyyy) | Telephone No. |
|-----------|-------|--------------------|---------------|