

Employer's Information Questionnaire

Box 2415
Edmonton AB, T5J 2S5
Fax 780- 427-5863 or 1-800-661-1993
contact.centre@wcb.ab.ca

If you are currently employed this form is to be completed by the employer only

| | | | | | |
|-------------------------|--|--|--|----------|--------------|
| Worker's Surname | | | First name | Initials | Claim number |
| Social Insurance Number | | | Date of birth (YYYY/MM/DD) | | |
| Occupation | | | | | |
| Employer name | | | Date of employment (YYYY/MM/DD) from: to: | | |

EMPLOYMENT HISTORY

1. Please confirm and/or correct dates of employment, province employed in, and occupation(s).

| From (YYYY/MM/DD) | To (YYYY/MM/DD) | Occupation | Province |
|-------------------|-----------------|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

2. We are unable to confirm employment as stated above for one of the following reasons: *(Please check appropriate box)*

- ☐ We have no personnel files dating back beyond this date: _____
- ☐ The company has changed ownership as of _____ and you may contact the former owner, _____
at this phone number and address: _____
- ☐ We have searched our records and spoken to long-time employees. We have been unable to confirm this worker's employment with us.
- ☐ Other *(Please explain)* _____

SAFETY PRECAUTIONS

Was hearing protection provided? ☐ Yes ☐ No

Did you have a policy which required or enforced the use of hearing protection? ☐ Yes ☐ No

HEARING ASSESSMENTS *(Check appropriate box and complete)*

- ☐ Audiograms have been taken and all copies are attached.
- ☐ Audiograms have been taken and copies can be obtained from: _____
Name Telephone number *(including area code)*
- ☐ Hearing assessments have not been completed for our employees.
- ☐ Any additional comments you wish to provide would be appreciated (e.g., any pre-existing problems, any knowledge of traumatic injury, etc.)

NOISE LEVEL READINGS*(Check appropriate box and complete)*

- ☐ Noise level readings have been taken and copies are attached.
- ☐ Noise level readings have been taken
and copies can be obtained from: _____
Name Telephone number *(including area code)*

- ☐ Noise level readings have not been taken.
- ☐ List the equipment, tools, machinery, etc. that the worker would have used or would be located near the work area.
- _____
- _____
- _____
- _____
- _____
- _____

Company name _____ Telephone number _____

Contact name *(please print)* _____ Position or title _____

Signature _____ Date: *(YYYY/MM/DD)* _____