

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

Claim number

Worker's Surname	First name	Initials	Date of birth (YYYY/MM/DD)
Social Insurance Number	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) _____