

Complete this form if an employee experiences occupational noise-induced hearing loss. You must submit this to WorkSafeNB **within three days** of the: date of the accident if the injury or illness may entitle the worker and/or their dependent(s) to wage replacement or medical treatment under New Brunswick's *Workers' Compensation Act*; date the employee is diagnosed with an occupational disease; or date you are notified of the accident/injury or illness by the employee. Noise-induced hearing loss is an occupational disease. If your employee's hearing loss is a result of a specific event, such as an explosion, please complete the [Employer Report of Injury or Illness](#) form instead.

Information you must have ready includes:

- Date employee notified you of the hearing loss
- Details on the noise exposure
- Start date of any modified work (reduced hours, change in job tasks, etc.), if applicable

Additional requirements under *Occupational Health and Safety (OHS) Act*

If an accident results in one of the following injuries, you must report it to WorkSafeNB immediately: loss of consciousness, amputation, fracture other than to fingers or toes, burn that requires medical attention, loss of vision in one or both eyes, deep laceration, admission to hospital as an inpatient, and death. Report these injuries immediately by phone: 1 800 999-9775. Learn more about your *OHS Act* obligations on the [WorkSafeNB's Guide to OHS Legislation website/app](#).

To learn more about the claims process and healthy and safe return to work, please go to worksafenb.ca/employers/. If you have any questions, please contact us toll-free at **1 800 999-9775** (Monday to Friday, 8 a.m. to 4:30 p.m.).

IMPORTANT: Save this form to your computer or network drive BEFORE you start. Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.



Employer Report of Occupational Hearing Loss

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Date of report

1. Reporting

Are you reporting this within three days of being notified of the occupational hearing loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you were notified
Person who received notification at workplace
Has your employee been made aware of their right to file an application for benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your employee intend to file an application for benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

2. Employer Information

Employer name	Employer number	Operation number
Street address or PO Box		
Town/City	Postal code	Fax number
Employer contact name	Position	
Contact's email address		
Contact's phone number (business)	Contact's phone number (cell/other)	

3. Employee Information

Employee's first name	Employee's last name		
Employee's street address			Apt. no
Town/City	Postal code	Date of birth	
Phone number (home)	Phone number (cell)	Phone number (work/other)	
Occupation	Social Insurance number		

4. Noise Exposure Details

Was an audiogram conducted near the start of the worker's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please submit a copy.
Is the worker still employed with your company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, in what capacity?		If no, date terminated?
Was an audiogram conducted near the end of the worker's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please submit copy.
Address or location of hearing loss or noise exposure (if different than above)		
Dates of noise exposure over time. From		To
Was possible exposure to noise continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was possible exposure to noise intermittent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe		
Was the worker issued and required to wear any hearing protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain the type of hearing protection and rating, if available		
Did the worker wear the hearing protection regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the worker properly instructed in use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any noise level test or decibel level test been performed in the areas in which this worker was employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please forward the results and supporting documentation, noting what agency/individual conducted this testing		
If the worker's employment was before the noise level testing of the areas worked in, estimate if the noise levels now are:		
<input type="checkbox"/> same as before <input type="checkbox"/> higher than before <input type="checkbox"/> lower than before		
Was the worker ever exposed to a high blast explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe		

5. Work History

Work area, plant or department number	Occupation	
Source of noise exposure (tools and equipment used)		
Date of employment. From	To	
Noise level testing date(s)	Noise level(s)	Hours exposed

6. Declaration and consent

Do you have any objections to your employee receiving workers' compensation benefits for hearing loss? Yes No

If yes, please explain (maximum 2,000 characters). If you need more space, please attach a separate document.

- I declare that that all the information provided by me is true and correct to the best of my knowledge.
- I agree to notify WorkSafeNB immediately of any work-related income the employee receives, to my knowledge, while the employee is on workers' compensation benefits, regardless of the source, and of a return to work or any other change in circumstances that may affect the worker's claim application.
- I consent and authorize WorkSafeNB to gather, use, release or disclose information from this report, including medical and financial information, as authorized by law and in accordance with the *Personal Information Protection and Electronic Documents Act*, the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. WorkSafeNB takes the protection of privacy seriously. Read our [Access to Privacy and Information](#) statement.

Name	Signature	Date

7. Submission

To submit your report by email, save this completed document to your computer, attach the completed document to an email, stating "Report of Occupational Hearing Loss" in the subject line, and send email to application-demande@ws-ts.nb.ca.

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Or, you may mail or fax the report to:

WorkSafeNB
1 Portland Street, PO Box 160
Saint John, NB E2L 3X9
Fax toll-free: 1 888 629-4722