



Industrial Deafness Employer's Notice of Injury

Employers Notice of Injury form to be completed and returned to Employers Mutual Indemnity (Workers Compensation). Limited within 7 days.

Please print in BLOCK LETTERS

1. Employer Details	
Claim Number	
Full name as per policy	
Telephone No	Policy No
Postal Address	Post Code
Location Address (specify number, street, suburb)	
Name and Location where worker employed (depot, br	anch etc)
	Cost centre No.
Business activity or profession	
Name of Rehabilitation Co-ordinator	
2. Workers Employment Particulars	
Full name of injured worker (surname, first names)	
Address	
Sex ☐ Male ☐ Female Date of Birth	/ / Date employed / /
☐ Full time ☐ Part-time ☐ Casual	Is worker permanent? 🗌 Yes 💢 No
Occupation	Hours worked per week
Main tasks performed by worker	
Job classification over 15 years	
Date of resignation or retirement	
3. Injury Details	
Sources of noise which was exposed to and average pe	riods of such exposure
Sources of Holse which was exposed to and average pe	mous of such exposure
Forward results of any noise level tests performed in wo	orker's job environment
Have there been any measures taken to reduce noise le	vels, if so give full details
What protective equipment was issued to the worker?	g. Muffs, plugs?
	loss of hearing, either against yourself or other employers?
If you are, given details	

4. Fr	nplo	vment	Histor	v
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If the worker has been employed by you for less than five years, please provide details of previous employer within this period (use table)

EMPLOYER'S NAME	ADDRESS	TYPE OF INDUSTRY	OCCUPATION	PERIOD OF EMPLOYMENT
	t history is important as it may help I rcentage of the total claim.	Employers Mutual in	demnity (Workers C	compensation)
5. Other Hearin	g Loss			
Has any other employe	e made a claim for hearing loss in th	ne same working are	a? If so, give details	
6. Give details o	of other circumstances w	hich would as	ssist the insur	er to
access the cla	im (eg. Do you query the validity	of the claim? If so, w	vhy?)	
In my opinion				
7. Employer De	claration			
. ,	ciaration			
·	above are true and correct in every			
Signature of employer		•	ate / /	/