

EMPLOYER AUTHORIZATION FOR SUBMISSION OF CONSTRUCTION INDUSTRY HEARING TEST

PURPOSE OF FORM

To verify that the firms listed below are on site and their employees may have been tested.

PLEASE NOTE

Signature does not guarantee that firms are registered with WorkSafeBC under "construction Classification Units." Hearing test providers are responsible for ensuring test results are submitted under appropriate firm number and Classification Unit.

Time In	Time	Out	
NAME OF HEARING TEST PROVIDER			
DATE OF TESTING			
WORKSITE ADDRESS			
Name of Firm(s) Tested			Number of Tests
PRIME CONTRACTOR/EMPLOYER REPRESENTATIVE			
Name	Signature		Date