

COMPLETE ONE FORM FOR EACH EMPLOYEE

Please complete all information. Type or print clearly

WSIB Firm Number	WSIB Rate Group
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Employer Information

Employer Name				
Address (including Unit number if applicable)				
City	Province	Postal Code	Telephone	Fax
Employer Health & Safety Contact			Contact E-mail Address	
Employer Health & Safety Contact's Signature			Contact's Telephone Number	Date (dd/mmm/yyyy)

Employee Information

Employee Name			WSIB Certification ID Number (required)	
Address (including Unit number if applicable)			Work E-mail Address	
City	Province	Postal Code	Home E-mail Address (optional)	
Employee's Signature			Telephone Number	Date (dd/mmm/yyyy)

Confidentiality Note

Your personal information is collected under the authority of the Workplace Safety and Insurance Act and will be used, disclosed and retained to administer the Certification Training program of the Workplace Safety and Insurance Board (WSIB) pursuant to the Workplace Safety and Insurance Act. Please call the WSIB at 1-800-663-6639 if you have any questions regarding the collection and use of this information.

Has a workplace hazard assessment been conducted to determine hazard topics and shared with the workplace JHSC? Yes No

Name of Hazard Topic(s) or Name of the Sector Program Completed	Date(s) Training Received (dd/mmm/yyyy)	Name of Training Provider

(see over for additional space)

Completed Form

<p>Mail To: Workplace Safety and Insurance Board Certification - Prevention Services Branch 200 Front Street West, 11th Floor Toronto ON M5V 3J1</p>	<p>or Fax To: (416) 344-4921</p>
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