



Workplace Safety and Insurance Appeals Tribunal
 505 University Avenue 7th Floor
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 TTY: (416)314-1787
 Toll-free within Ontario: 1-888-618-8846
 Web Site: www.wsiat.on.ca

WSIAT Request Form for Audio Recordings*

* This form is for hearings where a court reporter was not present. Please read instructions before completing form.

Case Name: _____ Hearing Date: _____ dd / mm / yyyy

WSIAT File No.: _____ Hearing Location: _____

PARTY REQUESTING RECORDING

Worker
 Worker's Representative
 Employer
 Employer's Representative
 Other: _____

Name: _____ Telephone: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

INSTRUCTIONS

1. This form is to be used by parties to recorded Tribunal proceedings where a court reporter was not present. Recordings are released on condition that they are used for workplace safety and insurance purposes only. Authorized representatives and employers must keep them confidential. Workers must keep third party information confidential.
2. Requests for recordings for purposes other than as identified above must be made under the *Freedom of Information and Protection of Privacy Act*.
3. The Tribunal cannot guarantee the audio quality of the recordings as they are re-recorded from the recording media used in Tribunal hearings.
4. A \$5.00 (tax included) non-refundable fee is charged for each recording. **The Tribunal will invoice you and payment must be made in full before the recording is released.**
5. Recordings are provided on encrypted USB keys. You will receive a USB key (with instructions for use) and a password in separate mailings. For security purposes, please **do not keep the USB key and password together.**
6. For a cost estimate or further information please contact Laurel Stephens, Senior Records Clerk, at 416-314-9079 or toll free (within Ontario) at 1-888-618-8846.

REQUESTER'S AGREEMENT

I agree to keep the recording confidential as outlined above. The recording will be used by the undersigned party and/or the party's authorized representative for workplace safety and insurance purposes only. I agree to pay the costs charged by the Tribunal, as described above.

_____ dd / mm / yyyy

_____ **Date**

Party or Authorized Representative's Signature

NOTICE: Information on this form is collected for the purpose of proceedings with respect to the *Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Schedule A*. In some cases, it may be necessary for the Tribunal to collect additional information related to the matter. All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997, sections 102, 123, 124, 129, 132 and 134*. Questions about the collection of information should be directed to the Privacy Coordinator, Workplace Safety and Insurance Appeals Tribunal, 505 University Ave., Toronto, Ontario M5G 2P2 (416) 314-8800.