



Workplace Safety and Insurance Appeals Tribunal
505 University Avenue 7th Floor
Toronto, ON M5G 2P2
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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 the instructions below before completing the 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 request 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 416-725-5021 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.

Signature: _____ (Please type your first and last name)
Date _____ (dd/mm/yyyy) ☐ By checking this box, I understand and agree that my
typewritten name and date represent my legal signature

Notice: Information on this form is collected to be utilized in proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, as amended and will be included in the WSIAT file and provided to the WSIB when the file is returned to the WSIB. This information will only be utilized for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Records Management Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).