



**OCCUPATIONAL HEALTH AND SAFETY
ACCESS TO THE EMPLOYER'S
FILES AT THE CNESST
INTERNAL DESIGNATION**

À l'usage de la CNESST		
Numérisation	ENL	Reçu
N° de référence :		

REPRESENTATIVE OR DESIGNATED EMPLOYEE

Important This form is intended for an employer that wishes to appoint **one of its employees** as its representative or a designated employee **to act on its behalf** with the CNESST and **to exercise a right of access to the employer's files** concerning its classification and its assessment and the files concerning the imputation of the costs of the benefits and a right of access to the occupational injury files that the employer itself may access.

The employer is responsible for advising the CNESST of any changes concerning this designation. The CNESST assumes no responsibility in this regard.

1. Information concerning the employer

We, Québec enterprise number (NEQ)

hereby **expressly** designate the following employee **to act on our behalf as** (check only one of the following two boxes):

Representative: the employee is **entitled to full access** to our files **at all times** (see definition in section 2) and is specifically responsible for **managing the rights of access** to our employer files. In that capacity, they may designate another employee or authorize a third party to exercise a full or partial right of access. They may also designate another employee as representative. Enter that person's contact information in section 2 and go to the **section 4**.

Designated employee: the employee is **entitled to full or limited access** to the employer's file. Enter that person's contact information in section 2 and go to **section 3**.

2. Information concerning the representative or the designated employee

First name	Last name		
Title	Telephone	Ext.	Email
Employer's address (number and street)			
City, town or municipality		Province	Postal code

3. Access granted to the designated employee (check only one of the following two boxes)

Full access
Pursuant to section 37 of the *Act respecting industrial accidents and occupational diseases (AIAOD)*, we hereby expressly authorize the person mentioned in section 2 to exercise a right of access to the files held by the CNESST concerning our classification and our assessment and the files concerning the imputation of the cost of the benefits recorded in our files.

Pursuant to section 38 of the AIAOD, we also authorize that person to exercise a right of access to the files held by the CNESST pertaining to occupational injuries:

- sustained by workers while they were in our employ;
- the cost of which was imputed to our files pursuant to the AIAOD;
- the cost of which is used to determine our assessment further to a transaction contemplated by section 314.3 of the AIAOD.

Limited access
We hereby expressly authorize the person mentioned in section 2 to exercise a limited right of access to the files held by the CNESST concerning the following matter(s) (specify the matter(s) concerned **by checking** the appropriate boxe(s)) and to act on our behalf respecting those matters:

<input type="checkbox"/>	Contracts and compliance Confirmation of compliance, follow-up of compliance status, certificate of compliance.
<input type="checkbox"/>	Annual statements Statement of wages, coverage: personal, trainees, volunteer workers.
<input type="checkbox"/>	Employer file structure and ratemaking Registration, classification, unit rate, personalized rate, retrospective ratemaking, use of experience, membership in a prevention mutual.
<input type="checkbox"/>	Invoicing and account management Notice of assessment, statements of account, account balances, expenses, penalties and interest, payment methods, reimbursement, periodic payments.
<input type="checkbox"/>	Debt recovery Settlement agreement, letter of demand, statement of claim, certificate of default, legal hypothec.
<input type="checkbox"/>	Administrative review Application for review, parties involved, decision.

4. Duration of right of access

The right of access granted hereunder is valid for as long as the employee is in our employ, or until such time as the right is revoked.

5. Employer's signature*

I hereby declare that I have read all of the information in this form, and I consent to its implementation by the CNESST.

Signed at		Date		Y	Y	Y	Y	M	M	D	D		
By (first and last names in block letters)		Title											
Signature				Telephone				Ext.		Email			

* **The CNESST accepts the signature of any of the following persons:**

Person authorized by virtue of their office: Natural person who, by virtue of their status, may sign documents on behalf of the employer. That status may vary depending on the legal form of the enterprise.

In the case of a legal person, it is the person exercising the function of director within the meaning of the act of incorporation. For example, it could be the president, the secretary or a person declared in the Québec Enterprise Register whose function is other than "administrator".

In the case of an individual enterprise, it is the sole proprietor.

In the case of a general partnership, it is a partner.

In the case of a limited partnership, it is one of the full partners.

or

Employer's representative: Person designated by the employer from among its employees to represent it as its representative.

or

Other person duly authorized to sign documents on behalf of the employer: In the case of a legal person, it is someone duly authorized to sign this form pursuant to the legal person's bylaws, a resolution of its board of directors or a unanimous shareholder's agreement. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form pursuant to a power of attorney signed by a person authorized by virtue of their office. **The document evidencing the signatory's authority must be enclosed with this form.**

CONFIDENTIALITY OBLIGATIONS

Section 38.1 of the Act respecting industrial accidents and occupational diseases (CQLR, chapter A-3.001)

The employer or the person authorized by him may not use or disclose the information received under section 38 for any purpose other than the exercise of the rights conferred on the employer under the Act.

Act respecting the protection of personal information in the private sector (CQLR, chapter P-39.1) and Act respecting access to documents held by public bodies and the protection of personal information (CQLR, chapter A-2.1)

The CNESST refers the employer or the person authorized by him to the provisions of the *Act respecting the protection of personal information in the private sector* and to those of the *Act respecting access to documents held by public bodies and the protection of personal information*, which legislation may apply in relation to information obtained under this authorization.

SUBMITTING THE AUTHORIZATION FORM

You may return the completed and signed form by secure message if you have registered for online services with the CNESST, by fax to 1 866 331-5886 or by mail to the following address:

CNESST
Direction de la cotisation des employeurs
C. P. 2000, succ. Terminus
Québec (Québec) G1K 0H7

REVOCAION OF THE RIGHT OF ACCESS

At any time, you may revoke the representative's or designated employee's right of access to your files at the CNESST. To do this, you can contact us at 1 844 838-0808.