



Date: _____

Work-Relatedness Determination Questionnaire

Name: _____
Title: _____
Company Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____
Telephone No.: _____
Fax No.: _____

Thank you for your interest in T K Group's Work-Relatedness Determination process which consists of the following:

Work-Relatedness Determinations - (EQ Review/Extended)

As a service to our Mobile and In-house client associates, T K Group offers Work-Relatedness Determinations for a fee of \$115.00 per determination. If the Work-Relatedness Determination is the only service requested from the T K Group, the fee will be \$200.00 per determination.

Work-Relatedness Determinations require an extensive and comprehensive case review of a worker's audiometric and aural case by staff audiologists so as to determine if an OSHA Recordable Shift is occupationally related. Non-occupational determinations may be lined off the OSHA 300 Log as such determinations are deemed unrelated to occupational noise exposure.

For your convenience our Work-Relatedness Questionnaire is posted on our website located at <http://www.tkontheweb.com/forms>. We suggest this form be completed by the on-site Hearing Loss Prevention Program coordinator via an interview process. Every effort to ensure that all questions are answered satisfactorily is requested. An accurate employee time-weighted noise exposure level is required for determinations.

You may email determinations@tkgrouphearing.com, fax to (815) 332-5175 or mail hard copy questionnaires to the attention of Determinations at T K Group, Inc., 1781 S. Bell School Road, Cherry Valley, IL 61032.

The determination will be returned pursuant to your report preference. Emailed documents may be encrypted for security. Please contact us when encryption is required for email transmissions.

Please Note: There will be an additional charge for shipping/handling of hard copy reports and our terms and conditions of sale are to apply. Prices are subject to change without prior notification. Should your invoicing requirements impose any fees on us, such as those of a 3rd-party vendor, these fees plus a 15% administrative charge will be added to your invoice.

You may mail the agreement to T K Group at 1781 S. Bell School Road, Cherry Valley, IL 61016 or fax the agreement to T K Group at (815) 332-5082.

ACCEPTED FOR:

ACCEPTED FOR
T K Group, Inc.:

Company Name:

William Schnauffer, IV

By:

Chief Executive Officer
Title

Title

Date

Date

****WE ACCEPT MASTER CARD, VISA, AMERICAN EXPRESS AND DISCOVER****

Do you require a purchase order on invoice for payment?

Yes _____ No _____ Purchase Order #: _____

Invoice should be submitted to: _____

Should you require additional services, please give us a call at (815) 332-3460, and we will be more than happy to provide you with the necessary information. Thank you for selecting T K Group.