

ELLIOT LAKE MINERS' MEMORIAL WALL CRITERIA



Definition of the Worker to be placed on the Memorial:

1. A mine worker who was employed in any occupation related to the mining camps in Elliot Lake and was either:
 - a. Tragically killed in a mining accident; or
 - b. Who succumbed to an occupational disease/illness that is recognized and confirmed by the Workplace Safety and Insurance Board (WSIB).
2. The names will be full and complete names (no nicknames) with the first name engraved, followed by the surname. The names will be engraved in random order.
3. Any person/family member who wishes to have their loved one's name enshrined on the memorial on a go forward basis will receive a letter outlining the criteria, including a questionnaire to be completed and signed by the person with the legal authority to do so.
4. Future inductees for the memorial will be reviewed and approved by the Miners' Memorial Name Selection Committee. The Committee shall be comprised of the following membership approved by the City of Elliot Lake as a standing Committee of Council:
 - a. A person appointed by the United Steelworkers Union;
 - b. Two persons appointed by the City of Elliot Lake;
 - c. A person representing an inductee of a worker enshrined on the memorial; and
 - d. A non-voting City Staff person appointed by the City of Elliot Lake.
5. Approved names will be added to the Memorial each year on the Day of Mourning.

QUESTIONNAIRE

(Please print clearly)

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Address: _____

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Inductee Name: _____

Employer: _____

Starting Date (If known): _____

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Was a Worker's Compensation Claim Filed? (Please circle)

Yes

No

Do you know the Worker's Compensation Number? _____

Has the family received Worker's Compensation survivor benefits? (Please circle)

Yes

No

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Cause of Death: _____

Date of Death: _____

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Signature: _____ Date: _____

Witness: _____ Date: _____