



Noise Exposure Assessment Form

Date & Time of Measurement: _____ Department: _____

Worker or Occupation Evaluated: _____

Name of Equipment/Unit # or Area Being Assessed: _____

For Equipment: Make/Model/Serial Number _____

Description of the piece of equipment: _____

Estimated average percentage employee spends on activity _____

Work Location Evaluated:

Name of Assessor(s): _____

Noise Exposure Assessment

At least one of the following method(s) will be used to assess employee exposure to noise (check all that applies):

- 1. Company self-assessment using a Sound Level Meter (make/model/serial #)

- 2. Equipment manufacturer's noise specification. (Copy of all such data will be included in records this Hearing Conservation Program)
- 3. Data from similar equipment
- 4. 3rd Party Assessment using: _____

Employee informed of purpose of noise assessment? Yes No

Initial on-site calibration conducted: Yes No

Reading: _____ dB within the immediate equipment/area. Number of time tested: _____

If applicable, reading: _____ dB within 10' of the immediate equipment/area.

If applicable, reading _____ dB within 20' of the immediate equipment/area.

Various testing (i.e. door open, riding, blading etc)

Type	Results

Post on-site calibration conducted: Yes No Accuracy of test: _____

Other comments (i.e product, characteristics & machinery operating parameters when measurement taken _____

Is hearing protection required under the OH&S Code? Yes (If yes, specify below) No

Does this equipment/area need to be tested again? Yes (If yes, specify below) No

Measurements have been conducted in accordance with CSA Z107.56 and in accordance of Safety Procedure – OHS Noise assessments.

Signatures:

Noise Exposure Assessor: _____

Health and Safety Advisor: _____