

Noise Exposure Assessment

Worker Information

Worker Name*: _____

Employee ID*: _____

Department: _____

Contact Number: _____

Email: _____

Assessment Details

Date of Assessment*: _____

Location*: _____

Shift: _____ > Options: Day, Afternoon, Night, Other

Exposure Duration (hours): _____

Sensor Name: _____

Notes/Activities: _____

Noise Measurements

Noise Readings:

Time Interval	Lavg dB(A)	Peak dB(C)	Hearing Protection Used

Options for 'Hearing Protection Used': None, Earplugs, Earmuffs, Both, Other

Dose Evaluation

Calculated TWA (dB)*: _____

Noise Dose (%)*: _____

Dose exceeds exposure standard

Controls & Recommendations

Current Controls in Place: _____