



This form is to be used in conjunction with the Environment Health and Safety Manual.

General Hazards

- Is there a difficulty in communications between two employees at one metre from the noise source? Yes No
- Do employees have to raise their voices to be heard at their workstations? Yes No
- Do employees experience any of the following:
- Ringing in the ears? Yes No
 - The same sound having a different tone in each ear? Yes No
 - Blurred hearing? Yes No
- Are any long term employees hard of hearing? Yes No
- Are signs present indicating that hearing should be worn at work areas? Yes No
- Does the noise in the workplace seem above 85db?
(Use the common sounds chart in the EHSM procedure.) Yes No
- Do results of past noise surveys indicate noise levels above 85 dB? Yes No
- Do results of Auditory tests indicate any employee having a hearing loss? Yes No
- Have there been any industrial deafness claims? Yes No
- Does equipment have noise emission information that indicates noise above 85 dB? Yes No
- If YES to any question a further risk assessment is required

Noise Identification Record

Date: _____
Area: _____
Name: _____
Title: _____
Signature: _____
HSR: _____
Signature: _____