**NOISE HAZARD INDENTIFICATION CHECKLIST**

Description of work location:

Activities at workstation:

Assessed by:

Date:

‘Yes’ to any of the following indicates a noise assessment may need to be carried out if exposure to the noise cannot be immediately controlled.

Note: This Questionnaire is directed towards Workers who are required to wear hearing protection.

These questions are not designed for general classroom settings as hearing protection is not a requirement.

| **Hazard identification questions** | **Yes** | **No** |
| --- | --- | --- |
| 1. Is a raised voice needed to communicate with someone about one metre away? |  |  |
| 1. Do your workers notice a reduction in hearing over the course of the day?  (This may only become noticeable after work, for example needing to turn up the radio on the way home.) |  |  |
| 1. Are your workers using noisy powered tools or machinery? |  |  |
| 1. Are there noises due to impacts (such as hammering, pneumatic impact tools) or explosive sources (such as explosive powered tools, detonators)? |  |  |
| 1. Are personal hearing protectors used for some work? |  |  |
| 1. Do your workers complain that there is too much noise or that they can’t clearly hear instructions or warning signals? |  |  |
| 1. Do your workers experience ringing in the ears or a noise sounding different in each ear? |  |  |
| 1. Do any long-term workers appear to be hard of hearing? |  |  |
| 1. Have there been any workers compensation claims for noise-induced hearing loss? |  |  |
| 1. Does any equipment have manufacturer’s information (including labels) indicating noise levels equal or greater than any of the following: |  |  |
| * 80 dB(A) LAeq,T (T = time period over which noise is measured) |  |  |
| * 130 dB(C) peak noise level |  |  |
| * 88 dB(A) sound power level |  |  |
| 1. Do the results of audiometry tests indicate that past or present workers have hearing loss? |  |  |
| 1. Are any workers exposed to noise and ototoxins in the workplace? |  |  |
| 1. Are any workers exposed to noise AND either hand-arm vibration (HAV) or whole-body vibration (WBV)? |  |  |