# NOISE SURVEY

*(Sound Level Meter Survey)*

**1. DATE** *(YYYYMMDD)*

**2. TYPE SURVEY** *(Enter code)*

**1** - INITIAL SURVEY **2** - RE-SURVEY **3** - OTHER

| **3. SOUND LEVEL METER** | | **4. MICROPHONE** | | **5. CALIBRATOR** | |
|---|---|---|---|---|---|
| **a. MANUFACTURER** | | **a. MANUFACTURER** | | **a. MANUFACTURER** | |
| **b. MODEL** | c. SERIAL NO. | **b. MODEL** | **c. SERIAL NO.** | **b. MODEL** | **c. SERIAL NO.** |
| **d. LAST ELECTROACOUSTIC CALIB DATE** *(YYYYMMDD)* | | **d. LAST ELECTROACOUSTIC CALIB DATE** *(YYYYMMDD)* | | **d. LAST ELECTROACOUSTIC CALIB DATE** *(YYYYMMDD)* | |

**6. WIND SCREEN** *(X one)*

**USED** **NOT USED**

**7. MEASUREMENTS OBTAINED** *(X one)*

**INDOORS** **OUTDOORS**

**8. DESCRIPTION OF AREAS/DUTIES WHERE NOISE SURVEY CONDUCTED**

*(Illustrate on additional sheet and attach to form)*

**9. PRIMARY SOURCE OF NOISE**

**10. SECONDARY SOURCE OF NOISE**

**11. SOUND LEVEL DATA** / **12. PROTECTION REQUIRED** *(re: dBA - Level)*

| a. LOCATION | b. METER ACTION | c. dBC | d. dBA | e. RISK ASSESSMENT CODE | a. NONE *(Less than 85)* | b. PLUG OR MUFF *(85-108)* | c. PLUG AND MUFF *(108-118)* | d. PLUG + MUFF + TIME LIMIT *(Greater than 118)* |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**NOTES:** Range of levels noted by /; i.e., 102/109. At operator stations, measure at ear level.
METER ACTION: Enter F for fast meter action and S for slow meter action.

**13. REMARKS** *(i.e., Area and equipment posted, hearing protection in use, etc.)*

**14. MORE DETAILED NOISE EVALUATION REQUIRED:** **YES** **NO** *(If "YES," identify type evaluation needed.)*

**15. NAME(S) OF PERSON(S) IDENTIFIED FOR AUDIOMETRIC MONITORING** *(Use additional sheet if more space is needed and attach to form)*

**16. SUPERVISOR OF NOISE-HAZARDOUS AREA OR OPERATION**

| **a. NAME** *(Last, First, Middle Initial)* | **b. TELEPHONE** *(Include area code)* | **c. ORGANIZATION** |
|---|---|---|
| | | |

**17. SURVEY PERFORMED BY** *(Last Name, First Name, MI)*

**18. HEARING CONSERVATION MONITOR** *(Last Name, First Name, MI)*



Reset