Health and Hygiene – Noise Exposure Questionnaire

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| **Description of work location:**  |
| **Tasks of work location:** |
| **Health & Safety Representative:** |
| **Please answer the following questions:** | **Yes** | **No** |
| 1. Is a raised voice needed to communicate with someone about one metre away?
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| 1. Do your workers notice a reduction in hearing over course of the day? (This reduction might not be noticed until after work.)
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| 1. Are your workers using noisy powered tools or machinery?
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| 1. Are there noises due to impacts (such as hammering, pneumatic impact tools) or explosive sources (such as explosive powered tools, detonators)?
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| 1. Do your workers complain that there is too much noise or that they can’t clearly hear instructions or warning signals?
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| 1. Do your workers experience ringing in the ears or a noise sounding different in each ear?
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| 1. Are any workers exposed to noise and ototoxins in the workplace?
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| 1. Are any long term workers hard of hearing?
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| 1. Are personal hearing protectors used for work?
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| 1. Are signs, indicating that personal hearing protectors should be worn, posted at entrances or in the work area?
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| 1. Does any equipment have manufacturer’s noise information (including labels) that indicates noise levels equal or greater than any of the following:
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| 1. 80dB(A)LAeq’
 |  |  |
| 1. 130dB peak noise level,
 |  |  |
| 1. 88dB(A) sound power level?
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| 1. Do the results of audiometry indicate that past or present workers have hearing loss?
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| 1. Are any workers exposed to noise AND either hand-arm vibration (HAV) or whole-body vibration (WBV)?
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Please refer to the [Code of Practice for Managing noise and preventing hearing loss at work](https://www.commerce.wa.gov.au/sites/default/files/atoms/files/221167_cp_noise.pdf)