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? |  |  |
| 1. Do your workers notice a reduction in hearing over course of the day? (This reduction might not be noticed until after work.) |  |  |
| 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. 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. Are any workers exposed to noise and ototoxins in the workplace? |  |  |
| 1. Are any long term workers hard of hearing? |  |  |
| 1. Are personal hearing protectors used for work? |  |  |
| 1. Are signs, indicating that personal hearing protectors should be worn, posted at entrances or in the work area? |  |  |
| 1. Does any equipment have manufacturer’s noise information (including labels) that indicates noise levels equal or greater than any of the following: |  |  |
| 1. 80dB(A)LAeq’ |  |  |
| 1. 130dB peak noise level, |  |  |
| 1. 88dB(A) sound power level? |  |  |
| 1. Do the results of audiometry indicate that past or present workers have hearing loss? |  |  |
| 1. Are any workers exposed to noise AND either hand-arm vibration (HAV) or whole-body vibration (WBV)? |  |  |

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)