



Noise Assessment Request Form

Please complete the Noise Assessment Request Form and return to:

Occupational Hygiene Adviser, Occupational Health & Safety Unit, Gordon Greenwood Building.

For further information contact Occupational Hygiene Adviser on extension : 51517.

Department: _____

Section: _____ **Faculty:** _____

Completed by: _____ **Date:** _____

Please include all tasks or areas where:

- hearing protectors are currently being used
- where communication is impeded due to noise (for example difficulty in hearing)
- communication at distances greater than 1 metre)
- employees are experiencing hearing problems
- perceived noise risk areas
- noise specifications for existing plant exceed 85 dB(A)

Location	Task	Equipment or Task	Comments

