

## Sample NOISE DOSIMETRY DATA SHEET

Sample Date:	Sample Number:

Employee Name:	EID:
Employee Job Class	
Work Location	DEPT/UNIT: <span style="float: right;">SITE/AREA:</span>

### WORK CONDITIONS

<p><b>Work Conditions/Degree of Exposure:</b>   <input type="checkbox"/> Routine   <input type="checkbox"/> Worst-Case   <input type="checkbox"/> Other          (specify) _____</p> <p><b>Ear Protection Used:</b>  <input type="checkbox"/> None Required      <input type="checkbox"/> Headset      <input type="checkbox"/> E-A-Rsoft Yellow Neons (corded) NRR 33 dB      <input type="checkbox"/> Other Foam Plugs  <input type="checkbox"/> None Worn          <input type="checkbox"/> Muffs          <input type="checkbox"/> E-A-R Classic NRR 29 dB</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Can a single noise source be identified which contributes the greatest to the employees overall noise exposure?</p> <p>Exposure Task Frequency (circle):   Daily   Weekly   Monthly   Other (Specify): _____</p>
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### CALIBRATION DATA

Noise Dosimeter Mfg & Model:	Criterion Level: dBA dose 1 _____ dose 2 _____ dose 3 _____ dose 4 _____	Threshold Level: dBA dose 1 _____ dose 2 _____ dose 3 _____ dose 4 _____	Exchange Rate: dose 1 _____ dose 2 _____ dose 3 _____ dose 4 _____
Noise Dosimeter Serial No.:	Dose Exposure %: dose 1 _____ dose 2 _____ dose 3 _____ dose 4 _____	TWA: dBA dose 1 _____ dose 2 _____ dose 3 _____ dose 4 _____	TWA (8): dBA dose 1 _____ dose 2 _____ dose 3 _____ dose 4 _____
	Sample Start Time:	Sample End Time:	Duration:                      minutes
Calibration Method :	Calibration Date:	PreCal:	PostCal:

Calibrator Mfg. & Model:	Serial Number:	Annual Calibration Date:
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### Work Activity

Activity Monitored (Work descriptions, tasks, and task times):
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Collected by:	Date:
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INCLUDE ADDITIONAL COMMENTS ON BACKSIDE OF FORM  
ATTACH DOSIMETER DATA FILES