

EVALUATION OF INDIVIDUAL NOISE EXPOSURE												DATE		
NAME OF INDIVIDUAL FOR WHICH NOISE EVALUATION WAS REQUESTED						AFSO/JOB CODE		SSAN		DUTY PHONE				
LOCATION (Shop, Hanger, Work Area)						NAME OF SUPERVISOR AND DUTY PHONE								
ILLUSTRATE AREA/DUTY (Specify Distances and Anything affecting noise field) (Continue on Reverse)														
TYPE OF NOISE						SOURCE OF NOISE								
STEADY-STATE		INTERMITTENT		IMPULSE/IMPACT		PRIMARY			SECONDARY					
OCTAVE BAND ANALYZER				CALIBRATOR				MICROPHONE						
MFG				MFG				MFG						
MODEL				MODEL				MODEL						
SN				SN				SN						
AMBIENT CONDITIONS														
TEMPERATURE (Deg. F)				RH (%)				WIND (Heading/Speed)						
EXPOSURE DATA														
TIME PATTERN														
DESCRIBE SPECIFICS OF EXPOSURE CONDITIONS														
WEARS EAR PROTECTION		YES		NO		TYPE(S)								
OTHER HEAD-GEAR WORN		YES		NO		IF YES, EXPLAIN								
NOISE DATA			DBAP	dBA	31.5	63	125	250	500	1000	2000	4000	8000	DBAP
CALIBRATION: SHOULD READ _____ DB														
ESTIMATE OF AUDITORY RISK														
PROTECTED							UNPROTECTED							
RECOMMENDATIONS (Continue on Reverse)														
SUPERVISOR INFORMED OF FINDINGS AND RECOMMENDATIONS						YES		NO		DATE				
EVALUATED BY (Name, Rank/Grade)										DATE				