

INDUSTRIAL HYGIENE NOISE SURVEY FORM

Date: _____

IH UIC: _____ Activity: _____ UIC: _____

Building/Location: _____ Worksite: _____ Shop/Code: _____

Area Posted: Yes No

Hearing Protection in Use: Yes No

Sound Level Meter Results

Source Description					
Machine#/USN#					
Noise Pattern C = Continuous IN = Intermittent IM = Impulse/Impact	C IN IM	C IN IM	C IN IM	C IN IM	C IN IM
Equipment Labeled	Yes No	Yes No	Yes No	Yes No	Yes No
Noise radius (ft)					
Meter Response F = Fast S = Slow I = Impulse/Impact	F S I	F S I	F S I	F S I	F S I
Results/dBA dB Peak					

Comments: _____

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SOUND LEVEL METER		MICROPHONE		CALIBRATOR	
Mfg		Mfg		Mfg	
Model	Serial#	Model	Serial#	Model	Serial#
Last Electroacoustic Calibration Date		Last Electroacoustic Calibration Date		Last Electroacoustic Calibration Date	

Field Calibration: Pre Calibration Date: _____

Post Calibration Date: _____ Calibration OK: Yes No

Wind Screen: Used Not Used

Measurements Obtained: Indoors Outdoors

Surveyed by: _____ Date: _____

Reviewed by: _____ Date: _____