

# NOISE HAZARD CHECKLIST

This checklist is to be completed in consultation with a representative number of workers from each operational area while identifying whether noise within operational areas is likely to exceed exposure standards.

<b>Work Location:</b>		<b>Date:</b>	
<b>Noise Source:</b> <small>(e.g. plant, equipment, work activity, etc.)</small>			
<b>Employees:</b>			

Risk Factor	Compliance			If 'Yes' Describe Risk Factor
Is there difficulty in communication between two persons at one-metre distance? <small>(Difficulty means the speaker must raise their voice, so that the other may not understand what is said)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	



# SAMPLE

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Risk Factor	Compliance			If 'Yes' Describe Risk Factor
Have there been any industrial deafness claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Does information provided by plant or equipment manufacturer (including labels) indicate noise levels equal to or greater than any of the following? <ul style="list-style-type: none"> <li>• 80dB(A) sound power;</li> <li>• 130dB(ln) peak noise; and/or</li> <li>• 80dB(A) sound power</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	



**SAMPLE**

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