



Organization / Company Name:	_____
DOSH Registration Number:	_____
Nature of Activities / Business:	_____
Work Area / Location / Plant / Process:	_____

"Yes" to any of the following indicates the possibility of excessive noise.

NO.	HAZARD IDENTIFICATION QUESTIONS	YES	NO
1	Is a raised voice needed to communicate with someone about one meter away?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do your employees notice a reduction in hearing over the course of the day? Example: Need to turn up the radio on the way home, etc.	<input type="checkbox"/>	<input type="checkbox"/>
3	Are your employees using noisy powered tools or machinery? Example: Power tool / noisy machinery - drill, air compressor, etc.	<input type="checkbox"/>	<input type="checkbox"/>
4	Are there noises due to impacts or explosive sources? Example: (a) noise due to impact - hammer, pneumatic impact tools (b) explosive source - explosive powered tools, detonators, etc.	<input type="checkbox"/>	<input type="checkbox"/>
5	Are personal hearing protectors (PHP) used for some work?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do your workers experience ringing in the ears or sound heard differently in each ear?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has any employee started experiencing difficulties in hearing after working here?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does any equipment have manufacturer's information, including labels, indicating noise levels greater than any of the following: (a) peak sound pressure level of 140dB(C)? (b) sound pressure level of 82dB(A)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the latest noise risk assessment indicate exposure to Noise Exposure Limit?	<input type="checkbox"/>	<input type="checkbox"/>

Assessed by: _____
(Name & designation)

Date: _____

Verified by: _____
(Employer's name)

Company Stamp: _____