


NOISE HAZARD IDENTIFICATION 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.

Work Location:		Date:	
Noise Source: (e.g. plant, equipment, work activity, etc.)			
Employees:			

Risk Factor	Compliance			If 'Yes' Describe the Risk Factor
Is there difficulty in communication between two persons at a one-metre distance?				



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Risk Factor	Compliance			If 'Yes' Describe the Risk Factor
Are signs, indicating that hearing protection must be worn posted in the work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Have there been any industrial deafness claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	



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This document must be completed when it is not safe or reasonably practicable to immediately control or identify hazards

Review and Signatures			
Manager		Supervisor	
Inspector		Inspector	
Inspector		Inspector	
Inspector		Inspector	
Inspector		Inspector	
Employee:		Signature:	
		Date:	