

# Appendix C—Noise hazard identification checklist

**Description of work location:** [Click here to enter text.](#)

**Activities at workstation:** [Click here to enter text.](#)

**Assessed by:** [Click here to enter text.](#)

**Date:** [Click here to enter text.](#)

'Yes' to any of the following indicates the need to carry out a noise assessment if exposure to the noise cannot be immediately controlled.

**Table 8** Noise hazard identification checklist

Hazard identification questions	Yes	No
1. Is a raised voice needed to communicate with someone about one metre away?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do your workers notice a reduction in hearing over the course of the day? (This may only become noticeable after work, for example needing to turn up the radio on the way home.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your workers using noisy powered tools or machinery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there noises due to impacts (such as hammering, pneumatic impact tools) or explosive sources (such as explosive powered tools, detonators)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are personal hearing protectors 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 a noise sounding different in each ear?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any long-term workers appear to be hard of hearing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have there been any workers compensation claims for noise-induced hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any equipment have manufacturer's information (including labels) indicating noise levels equal or greater than any of the following:		
– 80 dB(A) $L_{Aeq,T}$ (T = time period over which noise is measured)	<input type="checkbox"/>	<input type="checkbox"/>
– 130 dB(C) peak noise level	<input type="checkbox"/>	<input type="checkbox"/>
– 88 dB(A) sound power level	<input type="checkbox"/>	<input type="checkbox"/>
11. Do the results of audiometry tests indicate that past or present workers have hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are any workers exposed to noise and ototoxins in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are any workers exposed to noise AND either hand-arm vibration (HAV) or whole-body vibration (WBV)?	<input type="checkbox"/>	<input type="checkbox"/>