



AUDIOMETRIC ASSOCIATES

www.audiometricassociates.com
e: testonsite@audiometricassociates.com

p: (847) 519-0667 f: (847) 519-0276

Questionnaire for Noise Exposure Testing

Thank you for your inquiry to conduct noise exposure testing. For us to recommend the best approach and to estimate a fee, please complete the form below. If you are unsure of how to answer a question, please do not hesitate to contact us.

Company Name: _____

Contact: _____ **Title:** _____

Street, City, Zip: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

What is the purpose of this noise testing?

What prompted the need for this survey?

How many production employees? _____ Day Shift? _____ Afternoon shift? _____ Night Shift? _____

Does the afternoon or night shift perform different activities from the day shift? ___ Yes ___ No

How much production area (in sq. ft.) is routinely occupied by employees?

List the job categories in the plant (group them on the basis of similar noise exposures):

<u>Job Category</u>	<u>No. of Employees</u>	<u>Stationary/Mobile/Both?</u>
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List the common equipment used by employees (If you need more room, use a blank sheet.):

<u>Equipment</u>	<u>Number</u>	<u>Operates How Often?</u>
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