NOTE: THIS IS NOT AN OFFICIAL MSHA FORM. USE OF THIS FORM IS ENTIRELY OPTIONAL.

Dosimeter Noise Exposure Documentation Form

Person Conducting Survey_____ **Dosimeter Manf & Model**_____ _____**Dosimeter S/N**_____

Dosimeter Pre-Calibration_____ **(If pre-calibration fails, do not continue survey)**

Dosimeter Post-Calibration_____ **(If post-calibration fails, survey results are invalid)**

Person Being Surveyed_____ **Occupation/Work Activity**_____

Equipment Used_____ **Hearing Protection Y / N Manf & Model**_____

Date_____**Wind/Weather/Other Conditions**_____

INSTRUCTIONS:

1. **Check dosimeter batteries. Replace if necessary.**
2. **Choose worker or workers for sampling who are likely to receive the highest noise exposure.**
3. **Hang dosimeter on belt, pocket, etc. and place microphone on shoulder, centered and pointing upward. If one shoulder is noisier than the other, place on noisier side. Make sure microphone is covered by wind shield.**
4. **Turn on dosimeter, and record sampling start time.**
5. **Observe worker periodically throughout sampling period and record time, work activity, equipment operated, source of noise, noise controls used, etc. Verify that person sampled is experiencing a "normal work day."**
6. **Check dosimeter at regular intervals (hourly, if possible) and record noise dose. Spot check noise levels with SLM.**
7. **Remove dosimeter at end of sampling period. Record time and final noise dose, and turn off dosimeter.**

TIME	Location, Work Activity, Equipment Operated, Equipment ID, Sources of Noise Noise Controls Used, General Observations and Comments	Noise Dose (%)