Hearing Conservation Program Employee Enrollment Record

This is not an official MSHA form. Part 62 does not specify recordkeeping format. Mine operators my use any records format they wish.

Employee Name	Employee Number	Date Enrolled In Hearing Conservation Program	Reason For Enrolling In Hearing Conservation Program (Check one)		Date Audiometric Testing First Offered	Date of Initial Hearing Conservation Training	Removal From Hearing Conservation Program (Complete One)	
			Noise Exposure At Or Above Action Level	Enrolled W/O Exposure Monitoring			Date Employee Removed From HCP	Date Of Employee Separation