EVALUATION OF INDIVIDUAL NOISE EXPOSURE

			DATE
NAME OF INDIVIDUAL FOR WHICH NOISE EVALUATION WAS REQUESTED	AFSO/JOB CODE	SSAN	DUTY PHONE
LOCATION *(Shop, Hanger, Work Area)*	NAME OF SUPERVISOR AND DUTY PHONE		

ILLUSTRATE AREA/DUTY *(Specify Distances and Anything affecting noise field) (Continue on Reverse)*

TYPE OF NOISE			SOURCE OF NOISE	
☐ STEADY-STATE	☐ INTERMITTENT	☐ IMPULSE/IMPACT	PRIMARY	SECONDARY

OCTAVE BAND ANALYZER	CALIBRATOR	MICROPHONE
MFG	MFG	MFG
MODEL	MODEL	MODEL
SN	SN	SN

AMBIENT CONDITIONS

TEMPERATURE *(Deg. F)*	RH *(%)*	WIND *(Heading/Speed)*

EXPOSURE DATA

TIME PATTERN

DESCRIBE SPECIFICS OF EXPOSURE CONDITIONS

WEARS EAR PROTECTION	☐	YES	☐	NO	TYPE(S)
OTHER HEAD-GEAR WORN	☐	YES	☐	NO	IF YES, EXPLAIN

NOISE DATA	DBAP	dBA	31.5	63	125	250	500	1000	2000	4000	8000	DBAP
CALIBRATION: SHOULD READ _____ DB												

ESTIMATE OF AUDITORY RISK

PROTECTED	UNPROTECTED

RECOMMENDATIONS *(Continue on Reverse)*

SUPERVISOR INFORMED OF FINDINGS AND RECOMMENDATIONS	☐	YES	☐	NO	DATE
EVALUATED BY *(Name, Rank/Grade)*					DATE

★U.S.GPO:1986-0-152-206