

Workplace Noise Hazard Assessment

General Information

Assessor Name

Assessment Date

Location

Department/Area

Noise Source Identification

Noise Source/Equipment	Location	Description	Duration of Exposure	Frequency (Daily/Weekly/etc.)

Assessment Details

Sound Level Measurement (dB)

Measurement Tools Used

Persons Exposed

Duration of Exposure (hours/minutes)

Risk Evaluation

Risk Factor	Current Controls	Risk Level (Low/Medium/High)

Recommended Actions

Action	Responsible Person	Target Date	Status

Additional Comments