ANNUAL HEARING CONSERVATION PROGRAM REVIEW FORM

BENEFITS

Exposure to excessive noise is a serious safety hazard in many workplaces. Regular exposure to high levels of noise can cause permanent hearing loss and other health issues. As a result, most jurisdictions’ OHS laws require employers to implement hearing conservation programs in workplaces with noise levels above specified levels. And the law typically requires employers to review these programs annually to ensure that they’re effective.

HOW TO USE THE TOOL

Use this form to document your annual review of the company’s hearing conservation program. If you need to submit an annual report on your program to your jurisdiction’s OHS regulator, modify the form to ensure that it contains all of the required information.

OTHER RESOURCES:

Safe Manitoba Workplace Hearing Conservation Program Annual Report Guideline
Noise Control: How to Implement a Compliance Hearing Conservation Program
Hearing Conservation Plan Checklist
Noise Survey Form
ANNUAL HEARING CONSERVATION PROGRAM REVIEW FORM

COMPANY NAME AND ADDRESS:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

PERIOD REPORT COVERS: _______________ TO _________________

PERSON IN CHARGE OF HEARING CONSERVATION PROGRAM:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

AUDIOMETRIC TESTING COMPANY:
____________________________________________________________________________________
____________________________________________________________________________________

SUPERVISING PHYSICIAN/AUDIOLOGIST:
____________________________________________________________________________________

TESTING LOCATION (I.E., ON SITE, SOUND BOOTH, QUIET ROOM, ETC.):
____________________________________________________________________________________
____________________________________________________________________________________

NUMBER OF WORKERS IN WORKPLACE: _______________________________________________________

NUMBER OF WORKERS EXPOSED TO NOISE > [insert standard from OHS law, such as 85] dBA:________

TOTAL NUMBER OF WORKERS TESTED (INCLUDING BASELINE & ANNUAL TEST):

TOTAL NUMBER OF REFERRALS MADE TO PHYSICIAN/AUDIOLOGIST: ___________________________

BASELINE TESTING RESULTS:
Total number of baseline tests done: _______________________________________________________
Number of workers with normal baseline results: _____________________________________________
Number of workers showing early warning (i.e. somewhere between a normal and abnormal audiogram):
________________________________________
Number of workers with abnormal audiograms: _____________________________________________

ANNUAL TESTING RESULTS:
Total number of annual re-tests done: _______________________________________________________

THIS TOOL AND HUNDREDS MORE AVAILABLE IN THE OHS TOOLBOX AT www.ohsinsider.com
Number of workers with no change:________________________________________________________

Number of workers with an abnormal shift:________________________________________________

Of the workers with an abnormal shift:
    Number with a previous baseline adjustment/abnormal shift:______________________________

Number of workers with a new or other abnormality requiring further investigation:____________

____________________________________________________________________________________

REFERRALS (results of referrals for test results indicating an abnormal audiogram or abnormal shift):

Number of paper reviews:_______________________________________________________________

Outcome:  Number with occupational influence:__________________________________________
            Number with non-occupational influence:__________________________________________
            Number with unknown cause:____________________________________________________

Number needing further assessment:____________________________________________________

Outcome:  Number with occupational influence:__________________________________________
            Number with non-occupational influence:__________________________________________
            Number with unknown cause:____________________________________________________
            Number of assessments pending:________________________________________________

HEARING CONSERVATION PROGRAM: Which of the following components are included in the hearing conservation program?

1. Worker education about the hazards of noise and the OHS regulations on hearing conservation and noise control. (Please summarize the education provided.)
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

2. Sound Level Surveys & Personal Noise Dosimetry (Describe)
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

3. Engineering controls, work processes and administrative controls to reduce noise exposure (Describe the areas where hearing loss has been observed and measures taken to protect workers from further hearing loss.)
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

4. Selection, use and care of hearing protection (Describe)
5. Which of the following hearing protection is provided to workers by the company?

<table>
<thead>
<tr>
<th>Protection</th>
<th>Yes</th>
<th>No</th>
<th>NRR</th>
<th>Brand names</th>
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</thead>
<tbody>
<tr>
<td>Ear Plugs</td>
<td></td>
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<td></td>
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<tr>
<td>Ear muffs</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

6. Warning signs posted in work areas with noise levels over \[insert standard from OHS law, such as 85\] dBA (Lex) \(\text{Describe}\)

7. Audiometric testing \(\text{Describe}\)

8. Program Evaluation - Provide general recommendations to improve the program, with special attention to workers with an occupational abnormal shift, particularly those with more than one shift. State the working title of workers who have had a work-related abnormal shift within the past year so that the JHSC can take specific steps to reduce noise exposure for these workers.

Name of person completing form: ________________________________
Title: _________________________________________________________
Date: _________________________________________________________