

TOOL TYPE	<b>FORM</b>
GEOGRAPHY	<b>ALL</b>

LAST REVIEWED	<b>11/12/12</b>
SOURCE:	<b><u>SAFEMANITOBA</u></b>

## **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:

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PERIOD REPORT COVERS: \_\_\_\_\_ TO \_\_\_\_\_

PERSON IN CHARGE OF HEARING CONSERVATION PROGRAM: \_\_\_\_\_

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AUDIOMETRIC TESTING COMPANY: \_\_\_\_\_

SUPERVISING PHYSICIAN/AUDIOLOGIST: \_\_\_\_\_

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

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NUMBER OF WORKERS IN WORKPLACE: \_\_\_\_\_

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

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

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TOTAL NUMBER OF REFERRALS MADE TO PHYSICIAN/AUDIOLOGIST: \_\_\_\_\_

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**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):

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Number of workers with abnormal audiograms: \_\_\_\_\_

**ANNUAL TESTING RESULTS:**

Total number of annual re-tests done: \_\_\_\_\_

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.)*

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

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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.)*

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4. Selection, use and care of hearing protection *(Describe)*

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5. Which of the following hearing protection is provided to workers by the company?

Ear Plugs: Yes  No  NRR  Brand names \_\_\_\_\_  
Ear muffs: Yes  No  NRR  Brand names \_\_\_\_\_  
Other: Yes  No  NRR  Brand names \_\_\_\_\_

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

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7. Audiometric testing (Describe)

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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.

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Name of person completing form: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_