

CHECKLIST FOR IDENTIFICATION OF EXCESSIVE NOISE

Organisation/Company Name: _____

DOSH registration number: _____

Nature of Activities/Business: _____

Work Area/Location/Plant/Process: _____

‘Yes’ to any of the following indicates the possibility of excessive noise.

Excessive Noise Identification Questions	Yes	No
1. Is a raised voice needed to communicate with someone about one meter away?		
2. Do your employees notice a reduction in hearing over the course of the day? Example: Need to turn up the radio on the way home, etc.		
3. Are your employees using noisy powered tools or machinery? Example: Power tool/noisy machinery – drill, air compressor, etc.		
4. Are there noises due to impacts or explosive sources? Example: (a) noise due to impact – hammer, pneumatic impact tools (b) explosive source – explosive powered tools, detonators, etc.		
5. Are personal hearing protectors (PHP) used for some work?		
6. Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?		
7. Do your workers experience ringing in the ears or sound heard differently in each ear?		
8. Has any employee start experiencing difficulties in hearing after working here?		
9. Does any equipment have manufacturer's information (including labels) indicating noise levels greater than any of the following: (a) peak sound pressure level of 140 dB(C)? (b) sound pressure level of 82 dB(A)?		
10. Is the latest noise risk assessment indicates exposure to Noise Exposure Limit?		

Assessed by: _____ (name & designation) Verified by: _____ (employer's name)

Date: _____ Company's Stamp: _____