

Appendix A: Sound Level Survey – Field Worksheet

Date	Results
Name of person being monitored	
Employee I.D. or Student User Name	
Job title	
Location of monitoring	
PPE used by employee	
Source of noise (equipment type)	
Impulse or continuous	
Person conducting monitoring	
Frequency of noise (if known)	
Indoor or outdoor noise	
Was a wind screen used	
Duration of exposure	
Instrument used	
Grab sample or integrated	
Calibrated before monitoring	
Time-weighted average	

Comments