



|                |   |                     |                   |
|----------------|---|---------------------|-------------------|
| <b>Policy:</b> | <b>Individual Environmental Noise Assessment Form</b> | <b>Reference:</b>   | <b>NAFSES0054</b> |
|                |   | <b>Review Date:</b> | <b>05/2023</b>    |

|                             |  |                    |               |
|-----------------------------|--|--------------------|---------------|
| Assessed By:                |  | Date:              |               |
| Instrument Used:            |  | Type:              |               |
| Serial Number:              |  | Windshield Fitted? | Yes:      No: |
| Distance from Noise Source: |  |                    |               |

**Brief Description of Site:**

| <b>WORK AREA:</b> | <b>TYPE OF WORK:</b> | <b>NOISE LEVEL: (Leq)</b> | <b>DAILY EXPOSURE: (Hrs)</b> | <b>NUMBER OF OPERATIVES EXPOSED:</b> |
|-------------------|----------------------|---------------------------|------------------------------|--------------------------------------|
|                   |                      |                           |                              |                                      |
|                   |                      |                           |                              |                                      |
|                   |                      |                           |                              |                                      |

|                                   |                  |                |  |
|-----------------------------------|------------------|----------------|--|
| Background Level: (If Applicable) |                  |                |  |
| Level of Exposure:                |                  | Lep,d dB(A)    |  |
| Continuous Noise:                 | Transient Noise: | Impulse Noise: |  |

**Action / Comments:**

Please indicate:

No Action Required.

Changes to work method required including details of noise mitigation measures if required (please specify)

.....

Noise protection zone to be designated with notices at.....m.

Ear defenders to be provided by the Employer with an attenuation of.....dB.

Ear defenders provided to be suitable for the operative and the working environment (please specify type).

.....

Other actions / comments (please specify).

.....



| FREQUENCY | dB | EAR PROTECTION PROVIDED | ENVIRONMENTAL PROTECTION REQUIRED |
|-----------|----|-------------------------|-----------------------------------|
| 31.5      |    |                         |                                   |
| 63        |    |                         |                                   |
| 125       |    |                         |                                   |
| 250       |    |                         |                                   |
| 500       |    |                         |                                   |
| 1 KHZ     |    |                         |                                   |
| 2 KHZ     |    |                         |                                   |
| 4 KHZ     |    |                         |                                   |
| 8 KHZ     |    |                         |                                   |
| 16 KHZ    |    |                         |                                   |

**Additional Comments:**

**Signature:**.....

**Date:**.....