



## Questionnaire for Hearing Conservation Testing:

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Street, City, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

What Prompted the Need For a Hearing Test Or Conservation Program?

How many production employees? \_\_\_\_\_ Day Shift? \_\_\_\_\_ Afternoon shift? \_\_\_\_\_ Night Shift? \_\_\_\_\_

Noise Levels in the Facility:

Is an Updated Noise Survey Needed?

Do You Currently Test Employees on an Annual Basis in Accordance with OSHA Requirements?

Do You Currently Train Employees on an Annual Basis in Accordance with OSHA?