Work-Related Hearing Loss Questionnaire

LABWORX OCCUPATIONAL HEALTH RESOURCES

This information supports review of a potentially OSHA-recordable hearing-loss case. It does not itself determine work-relatedness or recordability. Apply 29 CFR 1904.5 and 1904.10 and obtain a physician's or other licensed health care professional's opinion when appropriate.

Employer _____ **Location** _____

Employee _____ **Employee ID** _____

Date of birth _____ **Hire date** _____ **Audiogram date** _____ **Ear(s):** ☐ R ☐ L ☐ Both _____

Part 1 - Employee Information

Family members with hearing loss and age of onset (enter N/A if none):

_____

Ringing or roaring in the ears? ☐ Yes ☐ No **Constant?** ☐ Yes ☐ No **Describe:**

_____

Current ear problems, including dizziness:

_____

Previous ear problems or surgery, including year:

_____

History of severe head injury? ☐ Yes ☐ No **If yes, describe and give year:**

_____

Other factors that may have contributed to hearing loss:

_____

Noise exposure before current employment

Employer / military branch	Approx. dates	Type of noise	Duration	Hearing protection

Current occupational noise exposure

Currently exposed to noise on the job? ☐ Yes ☐ No. **Sources:**

_____

Hours per week _____ **Hearing protection type** _____ **Protection worn (% of exposure time)** _____

Off-the-job noise exposure

Chain saw	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No
Other power tools	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No
Motorcycles	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No
Amplified music	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No
Firearms	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No
Musician / live performance	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No
Other noisy activities	☐ None ☐ Occasional ☐ Frequent ☐ HP used: Yes ☐ No

Employee signature _____

Date _____

Part 2 - Employer Information

Employer _____ **Employee** _____

Noise exposure history with this employer

Department / dates	Primary noise sources	Exposure level	Protection used	Type of protection

Personal noise dosimetry: dates, 8-hour TWA in dBA or dose, and work activities:

_____

Training in proper fitting and use of hearing protection? ☐ Yes ☐ No. Documentation available:

_____

Documented observations of proper or improper hearing-protection use:

_____

Direct knowledge or documentation of off-the-job noise exposure:

_____

Occupational exposure to organic solvents or heavy metals? ☐ Yes ☐ No. Substance(s), dates, and protective equipment:

_____

Additional information relevant to work-relatedness:

_____

Completed by (printed name) _____ **Title** _____

Signature _____ **Date** _____

Review note: Under 29 CFR 1904.10, recordability requires a work-related Standard Threshold Shift and a total hearing level of 25 dB or more above audiometric zero, averaged at 2,000, 3,000, and 4,000 Hz in the same ear. A qualified professional may determine that a loss is not work-related under the rule.