



## Hearing Testing Questionnaire

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

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

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

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

How many production employees require testing? \_\_\_\_\_

Day Shift? \_\_\_\_\_

Afternoon Shift? \_\_\_\_\_

Night Shift? \_\_\_\_\_

Does the company currently test employees on an annual basis in accordance to OSHA requirements?

Does the company currently train employees on an annual basis in accordance with OSHA?

Are you interested in providing hearing conservation training for your employees?

Is an updated noise survey needed?