

### NOISE SAMPLING FIELD NOTES FORM

Date	Sample Number	Sampled By	Location
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Type of Sample	Instrument Used
<input type="radio"/> Personal <input type="radio"/> Area	<input style="width: 100%;" type="text"/>

**Personnel:** Name, ID Number, Div/Sec, Job Classification  
**Others:** Describe Location of Sample

**DESCRIBE ACTIVITES, CONDITIONS, NOISE SOURCE(S)**

#### SLM RESULTS

Time On (HH:MM)	Time Off (HH:MM)	Duration (HH:MM)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Sample Number	Location	dBA	Sample Number	Location	dBA

#### OCTAVE BAND ANALYSIS RESULTS

Time On (HH:MM)	Time Off (HH:MM)	Duration (HH:MM)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

dBA Result	dB	31.5	63	125	250	500	1000	2000	4000	8000
<input style="width: 100%;" type="text"/>	Frequency									

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### DOSIMETER RESULTS

Time On (HH:MM:ss)	Time Off (HH:MM:ss)	Duration (HH:MM:ss)

<b>Lavg</b>		<b>Max (Lmax)</b>		<b>Exposure (Ex) (Pa<sup>2</sup>H)</b>	
<b>TWA (L<sub>twa</sub>)</b>		<b>Min (L<sub>min</sub>)</b>		<b>Upper Limit Time (UL)-sec</b>	
<b>Sound Exposure Level (SEL)</b>		<b>DOSE</b>			
<b>Peak (L<sub>zpk</sub>)</b>		<b>Projected Dose (PDose)</b>			

#### Controls Methods (Engineering, Administrative, PPE)

#### Comments

#### Recommendations

#### Representative Sampling (Name and ID Numbers)

## NOISE SAMPLING FIELD NOTES FORM

### Calibration

	Pre Cal	Post Cal
Date		
Cal By		
dB		

Manufacturer & Model Number
<input style="width: 100%; height: 20px;" type="text"/>
Serial Number
<input style="width: 100%; height: 20px;" type="text"/>
Calibrator Due Date
<input style="width: 100%; height: 20px;" type="text"/>

### CALCULATIONS

#### Effectiveness of Hearing Protection

#### Other