Print Form

Fermilab

Employee Noise Exposure Interview

Date

Name

Employee ID

Supervisor

Supervisor ID

Job Title

Name(s) of persons performing similar work (Separate names with a comma)

Describe employees' work activities

Has there been a change in your work assignment over the last year? ◯ Yes ◯ No

Employee's Assessment of Hearing: ◯ Good ◯ Fair ◯ Poor

Have you noted a change in your hearing over the last year? If yes, please explain. ◯ Yes ◯ No

Please describe your occupational sources of noise. Include high-noise locations, frequency, and duration of exposure. Comment on any changes over the past year.

Please describe your NON-occupational sources of noise (racing, hunting, woodworking, lawn maintenance, etc.). Include frequency and duration of exposure. Comment on any changes over the past year.