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Print Form

SURVEY ID	

NOISE SAMPLING FIELD NOTES FORM

DATE	SAMPLE #(s)	SAMPLED BY	LOCATION

INSTRUMENT USED		TYPE OF SAMPLE (Personal or Area)	◯ Area ◯ Personal

PERSONNEL: Name, ID#, Division or Section, Job Title OTHERS: Describe Location Of Sample (Diagram Or Photo If Possible)

DESCRIBE ACTIVITES, CONDITIONS, NOISE SOURCE (S)

SLM RESULTS

TIME ON	TIME OFF	TOTAL TIME (Min)

Sample #	LOCATION	dBA	Sample #	LOCATION	dBA

OCTAVE BAND ANALYSIS RESULTS

TIME ON	TIME OFF	TOTAL TIME (Min)

FREQ. HZ	dB	FREQ. HZ	dB	FREQ. HZ	dB		dBA RESULTS
31.5		250		2000			
63		500		4000			
125		1000		8000			

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DOSIMETER RESULTS

TIME ON	TIME OFF	TOTAL TIME (Min)

HTL L-AVG		LTL L-AVG		3dB LEQ		3dB DOSE	
PEAK LEVEL		HTL DOSE		LTL DOSE		3dB SEL	
SLOW MAX		HTL TWA		LTL TWA			
OL TIME		PAUSE TIME		RUN TIME			

PPE OR OTHER CONTROLS

COMMENTS

RECOMMENDATIONS

REPRESENTATIVE SAMPLING FOR: List Name(s) and ID#(s)

REPORT COPIES TO:

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INSTRUMENTATION

EQUIPMENT	MANUFACTURER	MODEL NUMBER

SERIAL NUMBER	MANUFACTURER CAL DUE	

PRE FIELD CAL BY	DATE OF FIELD CAL PRE	POST FIELD CAL BY	DATE OF FIELD CAL POST	

CAL DEVISE USED & MODEL #	CAL DEVISE SERIAL NUMBER	CAL DEVISE CAL DUE DATE

FIELD CAL RESULTS (PRE)	FIELD CAL RESULTS (POST)	

CALCULATIONS

EFFECTIVENESS OF HEARING PROTECTION

OTHER