

Employee Noise Exposure Interview Form

Date

Employee

Employee ID

Supervisor

Supervisor ID

Job Title

Name(s) of persons
performing similar work:Describe employees' work
activities:Has there been a change in your work assignment over the last year? Yes NoEmployee's Assessment of Hearing: Good Fair PoorHave 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.