

## Hearing Conservation Program Log

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

People Soft I.D. Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Hearing Screening Provider: \_\_\_\_\_

Department: \_\_\_\_\_ Box \_\_\_\_\_

Training Provider: \_\_\_\_\_

Noise Reduction Rating (NRR) Muff: \_\_\_\_\_

Noise Reduction Rating (NRR) Ear Plug: \_\_\_\_\_

Type Ear Plug<sup>(1)</sup>/ Muff : \_\_\_\_\_

Devices / Processes <sup>(2)</sup>	Approx. Hrs. of Exposure per day	Type of Hearing Protection: Muff or Earplug (M/E)	Comments

1. Ear Plug Type:  
 FOAM - soft and pliable, roll between fingers for installing  
 PLASTIC - rigid, does not require rolling between fingers  
 EAR BANDS - also called semi-aural devices or canal caps

2. Devices/Processes: List tools, machinery, boats or other circumstances where ear protection is required while at work.

**Important Please Read:** The purpose for completing this form is: (1) to determine if there are areas/activities on campus that need to be monitored for noise level, (2) to record your yearly exposure to noise and (3) to comply with OSHA's Hearing Conservation Standard. Please complete this form and send to Student Health Services along with your Exam Request Form in order to request an audiogram appointment. A copy of this form should be kept in your personnel or safety plan records.