



## WHS-FOR-028.1 Noise Hazard Identification Checklist

Description of work location: \_\_\_\_\_

Activities at work location: \_\_\_\_\_

Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_

'Yes' to any of the following indicates the need to carry out a noise assessment if exposure to the noise cannot be immediately controlled.

Hazard identification questions	Yes	No
1. Is a raised voice needed to communicate with someone about one metre away?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do your workers notice a reduction in hearing over the course of the day? (This may only become noticeable after work, for example, needing to turn up the radio on the way home)	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your workers using noisy powered tools or machinery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there noises due to impacts (such as hammering, pneumatic impact tools) or explosive sources (such as explosive powered tools, detonators)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are personal hearing protectors used for some work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your workers experience ringing in the ears or a noise sounding different in each ear?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any long-term workers appear to be hard of hearing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have there been any workers' compensation claims for noise-induced hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any equipment have manufacturer's information (including labels) indicating noise levels equal or greater than any of the following:		
(a) 80 dB (A) LAeq,T (T= time period over which noise is measured)?	<input type="checkbox"/>	<input type="checkbox"/>
(b) 130 dB (C) peak noise level?	<input type="checkbox"/>	<input type="checkbox"/>
(c) 88 dB (A) sound power level?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do the results of audiometry tests indicate that past or present workers have hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are any workers exposed to noise and ototoxins in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are any workers exposed to noise and hand-arm vibration?	<input type="checkbox"/>	<input type="checkbox"/>

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