

Noise Level Survey

Date:

Plant :

Location:

Equipment & Calibration

Calibrator

Brand / Model:

Serial #:

Calibration Certificate #:

Battery check Ok

Level Meter

Brand / Model:

Serial #:

Calibration Certificate #:

Battery check Ok

Field Calibration

Before survey

Time:

at

dBA

After survey

Time:

at

dBA

Measurement Results

Test #	Location	Activity Noise Source(s)	Workers Exposed?		dBA	Hours allowed*
			Yes	No		
1			<input type="checkbox"/>	<input type="checkbox"/>		
2			<input type="checkbox"/>	<input type="checkbox"/>		
3			<input type="checkbox"/>	<input type="checkbox"/>		
4			<input type="checkbox"/>	<input type="checkbox"/>		
5			<input type="checkbox"/>	<input type="checkbox"/>		
6			<input type="checkbox"/>	<input type="checkbox"/>		
7			<input type="checkbox"/>	<input type="checkbox"/>		
8			<input type="checkbox"/>	<input type="checkbox"/>		
9			<input type="checkbox"/>	<input type="checkbox"/>		
10			<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Recommendations

Place supporting documentation & images on reverse.

* As per Alberta OH&S Code

Surveyed by:

Signature: