| **Section 3**  | **Personal Protective Equipment****Hazard Assessment** |
| --- | --- |
| **Form 7** |
| **NOISE HAZARDS** | [ ]  **N/A** | [ ]  **YES** | [ ]  **NO** |
| Does your employee(s) perform tasks, or work near employees who perform tasks, which produce any of the following hazards: |
| [ ]  Excessive Noise | [ ]  Ultrasonics | [ ]  Other (*specify*):  | [ ]  Other (*specify*):  |
| **Controls in Place** |
| [ ]  Noise Reduction Design  | [ ]  Exposure Time Reduced  | [ ]  Noise Monitoring | [ ]  Other (*specify*):  |
| **PPE Requirements**  |
| [ ]  Ear Plugs | [ ]  Earmuffs | [ ]  Ear Plug/Earmuff Combination  | [ ]  Other (*specify*):  |
| **Additional Comments:**  |
|   |