

## Annual Hearing Conservation Program Evaluation

1. **Noise exposure level monitoring has been completed in all areas and rechecked as necessary after any alterations which may have resulted in a change in noise levels.**  
Yes \_\_\_ No \_\_\_

**If no, what action will be taken to complete the monitoring?**

2. **Baseline audiograms (if required) have been completed on all employees hired this year.**  
Yes \_\_\_ No \_\_\_

**If no, what arrangements will be made to complete the audiograms?**

3. **Annual audiograms (if required) have been completed on all employees who are included in the hearing conservation program.**  
Yes \_\_\_ No \_\_\_

**If no, what arrangements will be made to complete the audiograms?**

4. **All employees included in the hearing conservation program have been provided with hearing protection.**  
Yes \_\_\_ No \_\_\_

**If no, what action will be taken to provide this protection?**

5. **All employees who are required to wear hearing protection are wearing them correctly.**

Yes \_\_\_\_ No \_\_\_\_

If no, what action(s) will be taken to enforce this requirement?

6. All employees included in the Hearing Conservation Program have received initial and annual training in the use of hearing protection, the effects of noise on hearing and the purpose of audiometric testing if applicable.

Yes \_\_\_\_ No \_\_\_\_

If no, what will be done to complete this training?

7. Standard Threshold Shifts (STS) have been identified.

Yes \_\_\_\_ No \_\_\_\_

If no, what action will be taken with these employees?

8. Employees with STS's have been notified in writing and fitted with the proper hearing protectors.

Yes \_\_\_\_ No \_\_\_\_

If no, what action will be taken to notify these employees?

Review Completed by: \_\_\_\_\_ Date: \_\_\_\_\_