

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

Job Name: \_\_\_\_\_

Employees who are exposed to hazardous levels of noise in the workplace are at risk for developing noise-induced hearing loss. Noise-induced hearing loss is 100% preventable but once acquired, hearing loss is irreversible. Fortunately, the incidence of noise-induced hearing loss can be reduced or eliminated through the successful application of workplace controls and hearing conservation programs.

### Hazardous Noise

- Permanent hearing loss (nerve damage) can occur when the ear is exposed to 85 decibels (dB) or higher averaged over an 8-hour work day
- If workers standing only a few feet apart have to shout or raise their voices to be heard, it is an indication the noise levels are above 85 dB
- Symptoms of noise induced hearing loss can include ringing in the ears (tinnitus) and difficulty understanding conversation (sound distortion)
- Hearing loss is usually painless and the symptoms can be hard to identify and may go unnoticed
- Noise that causes pain in the ear is an indication that the noise level is too high
- Any exposure to the ear at 140 dB or high can cause immediate and permanent hearing loss

### Sound Levels

- Normal conversation 60 dB
- Vacuum cleaner 85 dB
- Push lawnmower 95 dB
- Table saw 100 dB
- Chainsaw 105 dB
- Wood chipper 110 dB

### Noise Controls

- Engineering Controls – can include equipment substitution or use of sound absorption/insulation materials
- Administrative Controls – rotating employees to reduce the time each person is exposed to the noise
- PPE – earplugs, earmuffs, and canal caps

Keep in mind that not every type of hearing protection is good for every type of noise. Disposable foam earplugs may be fine for some noise exposure, whereas earmuff-type protection may be suitable for another. Remember, equipment operators are not the only ones who may need protection; people who work nearby may also be exposed. If you work in a noisy area, even if you are not the one making noise, be aware of the hazard and use protection.

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

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# WEEKLY SAFETY MEETING

Vol.24 | No.03 | Week of 01-16-24

MEETING ATTENDEES

Date:

Job Name:

Print:

Signature: