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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOISE SURVEY** | | | | | | | | | | | |
| **DATE** | | | **TYPE OF SURVEY** | | | | | **SURVEYOR NAME & TITLE** | | | |
| YYYY/MM/DD | | | * Initial Survey * Re-Survey * Other | | | | |  | | | |
| **SOUND LEVEL METER** | | | **MICROPHONE** | | | | | **CALIBRATOR** | | | |
| **Manufacturer:**  **Model:**  **Serial #:** | | | **Manufacturer: Model:**  **Serial #:** | | | | | **Manufacturer: Model: Serial #:** | | | |
| **MONITORING LOCATION & DESCRIPTION** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **MEASUREMENT START TIME** | | | | | | **MEASUREMENT TIME LENGTH** | | | | | |
| **HH:MM** | | | | | | **MIN.** | | | | | |
| **PRIMARY NOISE DURING MONITORING** | | | | | | **SECONDARY NOISE DURING MONITORING** | | | | | |
|  | | | | | |  | | | | | |
| **SOUND LEVEL DATA** | | | | | | | **PROTECTION REQUIRED** | | | | |
| **Location** | **Meter Action** | **dBC** | | **dBA** | **Risk Asses. Code** | | **None** | | **Plug or Muff** | **Plug and Muff** | **Plug & Muff & Time Limit** |
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| **REMARKS** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **MORE DETAILED NOISE EVALUATION REQUIRED?** | | | | | | | | | | | |
| **YES NO**  Note: If “YES”, identify type of evaluation required. | | | | | | | | | | | |