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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** |
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| **MORE DETAILED NOISE EVALUATION REQUIRED?** |
|  **YES NO** Note: If “YES”, identify type of evaluation required. |