

Work Area Noise Hazard Check

**FORM
N1**

WORK AREA/UNIT/PREMISES

DEPT/SECTION

NAME

IDENTIFICATION (e.g. Serial Number/Location)

SIGNATURE

DATE

1 Hazard Areas

LISTEN FOR EXCESSIVE NOISE ASSOCIATED WITH ...	NOISE LEVEL				IF MEDIUM OR HIGH INDICATE SOURCE OF NOISE
	No	L	M	H	
OPERATOR WORK AREAS					
WORK EQUIPMENT					
VEHICLES					
RADIOS/TANNOYS					
LOADING BAYS					
OTHER AREAS e.g. VEHICLE WASH					
MT WORKSHOP					
"ENGINEERING ONLY" AREAS					
If M or H, enter details and action in Section 2 overleaf					

Sample Only