



NOISE HAZARD IDENTIFICATION CHECKLIST FORM

Organization / Company Name : _____
DOSH Registration Number : _____
Nature of Activities / Business : _____
Work Area / Location / Process : _____

‘Yes’ to any of the following indicates the possibility of excessive noise.

Hazard Identification Questions

YES NO

1. Is a raised voice needed to communicate with someone about one meter away?

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2. Do your employees notice a reduction in hearing over the course of the day?

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Example:

Need to turn up the radio on the way home, etc.

3. Are your employees using noisy powered tools or machinery?

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Example:

Power tool/noisy machinery – drill, air compressor, etc.

4. Are there noises due to impacts or explosive sources?

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Example:

(a) noise due to impact – hammer, pneumatic impact tools

(b) explosive source – explosive powered tools, detonators, etc.

5. Are personal hearing protectors (PHP) used for some work?

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6. Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?

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7. Do your workers experience ringing in the ears or sound heard differently in each ear?

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8. Has any employee start experiencing difficulties in hearing after working here?

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9. Does any equipment have manufacturer's information (including labels) indicating noise levels greater than any of the following: ☐ ☐
- (a) peak sound pressure level of 140dB(C)?
- (b) sound pressure level of 82dB(A)?
10. Is the latest noise risk assessment indicates exposure to Noise Exposure Limit? ☐ ☐

Assessed by: _____

Verified by: _____

Name :
Designation :
Date :

Employer's Name :
Date :
Company's Stamp :