



PRESERVING HUMAN CAPITAL AT WORK

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Investigation Questionnaire for Consideration of Logging Hearing Loss on OSHA 300

Company: _____ Location: _____ Plant: _____

Department: _____ Job: _____ Shift: _____

Demographic Information:

Name: _____ ID: _____ Date of Birth: __/__/__

Hire Date: __/__/__ Sex: ____ Noise Level dBA TWA _____

Audiogram Information:

Date of Baseline: __/__/__

Date of Initial STS: __/__/__ Date of 30-day Retest: __/__/__

Ears being considered: Right Left Both (circle one)

Current test with STS meets the 25 dB avg. loss from audiometric zero criteria? Attach copies of current test and comparison test to this form.

Medical and Audiological History

1. Aware of hearing loss? Right Left Both
 Severity:

2. Blood relative with hearing loss?
 Relationship: Onset: Sudden or Gradual

3. Dizziness or balance problems?
 Describe:

4. Ringing or roaring in ears?
 Describe: Onset:

5. Excessive earwax?
Removed by:
6. Earaches or ear drainage?
Frequency: Last Occurrence:
7. History of severe head injury?
Describe: Unconsciousness? Yes or No
8. Recent cold or severe sinus problems?

Employee Interview:

Otoscopic Observation (Circle)
 Right: Normal Blockage Partial Blockage Abnormal
 Left: Normal Blockage Partial Blockage Abnormal
 Additional Notes:

Prior occupational and non-occupational noise exposure.
 Worked in noise before present employment?

Hearing testing performed in past employment?
 Additional Notes:

Investigation of related activities.

Noisy hobbies?
 Describe:

Gunfire exposure?
 Type: Rounds per year: Last exposure:

Any recent off-job noise exposures?
 Describe:

Additional Notes:

Hearing Protection Insertion and Fit

Is there documentation that employee has been properly instructed and fitted with hearing protection in the past? Where and in what form? Attach copies to this form.

Check hearing protection fit and insertion? Ask employee to insert protection without coaching. Make comment as to proper or improper insertion.

Comments:

Type and style of hearing protection worn: _____

Calculate employee *Effective Protection Level* (EPL):

NRR _____ -7 = _____ (Attenuation Level), then

DBA TWA less Attenuation Level equals Effective Protection Level or

_____ dBA TWA less _____ Attenuation Level = _____ EPL

Needs to be less than 85 dBA SPL.

Comments:

Observation of Wearing Hearing Protection:

It is important to document whether or not an employee wears hearing protection and wears it correctly while on the job. Please have a representative from the following groups witness the employee's participation in the company hearing protection program as follows.

“My signature attests that I have witnessed the above mentioned employee wearing hearing protection in the following manner:

Witness/Name	Consistently or inconsistently	Properly or improperly
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Management or Plant Nurse:

_____	_____	_____
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Supervisor

_____	_____	_____
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Peer

_____	_____	_____
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Health Professional Review:

Was employee interviewed by physician, audiologist or licensed health professional?

Name of professional: _____ When: _____ Where: _____

Is there exposure to heavy metals or aeromatic solvents?

Comments:

Evaluation of calibration records and test environment.

Comments:

Current medical conditions as diabetics, meningitis, etc.

Comments:

Conductive vs. Sensory/Neural

Comments:

Configuration of current test.

Comments:

Unilateral or bilateral hearing loss configuration.

Comments:

When did change occur?

Comments:

Has there been a Medical Referral? Results?

Comments:

Effectiveness of company hearing conservation program.

Comments:

RESULTS OF INVESTIGATION OF STS IN CONSIDERATION OF OSHA 300 LOGGING:

Work-relatedness is to be determined on a case-by-case basis. The overall approach is that “a case is work-related if one or more events or exposures in the work environment either causes or contributed to the hearing loss, or significantly aggravated a pre-existing hearing loss” (76 FR 44045).

The STS occurring on ___/___/___ for _____ (right, left, both) ears *is* loggable for hearing loss on the OSHA 300.

OR

The STS occurring on ___/___/___ for _____ (right, left, both) ears *is not* loggable for hearing loss on the OSHA 300. If determined not loggable please make qualifying comments:

Signed by: _____ Date: _____
Supervising physician or occupational audiologist