



HEARING PROTECTION

Noise is one of the major occupational health concerns in the United States. Long term exposure to high levels of noise can cause permanent hearing loss, and short term exposure can cause temporary hearing loss. Loud noises can cause stress, affect communication, reduce productivity and concentration, and may contribute at workplace accidents and injuries. At the workplace, excessive noise exposure can be controlled or reduced through administrative, engineering, and hearing protection devices. This includes keeping employees away from noisy equipment, isolating noisy areas, providing less noisy tools/equipment, and using hearing protection devices. NIOSH has recommended that all workers' exposure limit to noise should be under or equal to 85 dBA for eight hours in order to reduce exposure to noise and prevent hearing loss. The OSHA standard requires a hearing conservation program when workers are exposed to a time weighted average noise level of 85 Dba or higher over an 8 hour work shift. Hearing conservation programs require employers to measure noise levels, provide free yearly hearing checks and ear protection, and provide training to employees

Hearing Protection Practices:

Wearing ear protection:

- Good quality earplugs or earmuffs

- Noise-cancelling headphones

- Proper selection of hearing protection is dependent on workplace noise levels.

Do not smoke, and check your blood pressure regularly (can be damaging to your ear).

Choose low-noise tools or equipment.

- Maintain machinery and equipment.

Provide noise sampling and personal noise monitoring.

Have a hearing test program in place.

Providing training and information to make sure workers are protected according to OSHA requirements.

- Educate workers for noise hazard levels and protection.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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