SAFETY WALKAROUND CHECKLIST
NOISE

Date Prepared: ___________________________  By: ______________________________________
Project Name/No: ______________________  Location: ____________________________

• Check the box if the statement is true.

• Fill in the blanks where the ☐ appears.

HAZARD IDENTIFICATION, REDUCTION, AND WORKER TRAINING

☐ The company has a written Injury and Illness Prevention Program (IIPP) that meets all Cal/OSHA requirements. It includes identification of noise hazards on the site, regular inspections, accident investigation, and correction of hazardous conditions. [1509]

☐ Operations or equipment that are likely to produce a noise hazard have been identified. [1509]

Has noise monitoring been done on this site?  ☐ Yes  ☐ No
Results (locations and dB levels):
________________________________________________________________________
________________________________________________________________________

☐ Workers have been informed of the results of noise monitoring performed on themselves, in their work area, and/or for their trade. [3204(e)(2)(A)]

☐ Exposure has been reduced as much as possible by providing quieter equipment, modifying processes, installing sound barriers, or rotating employees. [5096(b)]

☐ Workers have been trained about the hazards of noise exposure and the means they can take to prevent hearing loss. [1509]

NOTES
**EAR PROTECTION**

☐ If employees may be exposed to noise in excess of the Cal/OSHA permissible exposure limit (PEL) of 90 dB, appropriate ear protection is provided and workers are required to use it. [5096(b)]

☐ The ear protection provided (ear plugs, ear muffs, etc.) is effective—it is sufficient to reduce noise exposure to a level below the PEL. [5096(b)]

☐ If disposable ear plugs are used, a sufficient supply is kept on site, and workers are instructed to change them when they become dirty.

☐ Ear protection devices fit the worker and are reasonably comfortable. [1514]

Locations where hearing protectors are available on this site:

______________________________________________________________________

______________________________________________________________________
## SAFETY WALKAROUND CHECKLIST

### GENERAL INSPECTION

<table>
<thead>
<tr>
<th>Other Hazards Noted</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Near Miss Reports:**

**Other:**