

From: Occupational Audiologist/Hearing Conservation Program Manager, Naval Hospital

To: Safety Officer/Senior Medical Officer, _____

Subj: HEARING CONSERVATION WORKSITE VISIT REPORT

Ref: (a) BUMEDINST 5100.13E

Encl: (1) Hearing Conservation Program Worksite Report
(2) DOEHRS-DR Report

1. Per reference (a), a Hearing Conservation Program worksite visit was conducted on (date). Enclosure (1) is a report of the (Command Name) worksite visit findings and recommendations.
2. For further HCP guidance, assistance with improvement initiatives, or to schedule HCP training, point of contact is (name), Occupational Audiologist, at (phone and e-mail).

(Name)

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EXECUTIVE SUMMARY

A Hearing Conservation Program Worksite Visit of (Command) was conducted on (date). The purposes of the worksite visit was to provide field support technical assistance and consultation services to (Command's) Hearing Conservation Program (HCP) in order to help prevent hearing loss among workers. Services provided: review of current Industrial Hygiene survey, review of HCP worksites, and review of HCP data.

(MTF) Contact Information

Industrial Hygiene:

Occupational Health:

Occupational Audiologist/HCP Manager:

Hearing Conservation Program Worksite Visit detailed findings:

Industrial Hygiene Survey:

Overview of noise hazard data

Worksites with HCP/Medical Surveillance requirements

Hearing Conservation Worksite Observations

Signage and Labeling: Satisfactory/Unsatisfactory: Details:

Hearing Protection Devices: Satisfactory/Unsatisfactory: Details:

Safety and Communications: Satisfactory/Unsatisfactory: Details:

Administrative Controls: Satisfactory/Unsatisfactory: Details:

Hearing Conservation Program Data

Denominator Data: Satisfactory/Unsatisfactory: Details:

Program Performance Data: Satisfactory/Unsatisfactory: Details:

Training Data: Satisfactory/Unsatisfactory: Details:

Medical Record Review Data: Satisfactory/Unsatisfactory: Details

SUMMARY OF NOISE HAZARDOUS WORK SPACES

The latest Industrial Hygiene Survey was completed on _____. The survey identified the following work centers with noise hazardous areas and the number of personnel exposed. Please review and contact IH if there are discrepancies.

Work Space/Location	Work Task	Supervisor	Total # of workers
A			
B			
C			
D			

- **Current rosters must be sent biannually to the MTF Occupational Health Program Manager (for shore based commands).**

PROGRAM ELEMENTS REVIEWED

Selected work spaces were reviewed for the following:

Labeling/Signage

Noise hazardous areas are appropriately labeled
Noise hazardous tools are appropriately labeled
Signage indicates when double hearing protection is required

Hearing Protection Devices (HPD)

HPDs are readily available
Workers have options of HPDs
HPDs are properly maintained and in good condition
Workers and visitors to noise hazardous areas wear required single/double HPD
HPDs are adequate for the job
HPDs are properly worn
Supervisor/management controls enforce/ensure HPD use

Safety/Communication

System is in place to ensure critical communication is heard (call back system, hand signal used)
Environment facilitates communication (good lighting, limited blind spots, reasonable communication distance)
Mishap reports identify contribution of hearing/communication deficits
All workers receive appropriate hearing conservation training

Engineering Controls

Engineering controls have been investigated
Appropriate administrative controls are in place

DETAILED WORKSPACE FINDINGS

The latest Industrial Hygiene Survey was completed on _____. The survey identified the following work centers with noise hazardous areas and the number of personnel exposed. Please review and contact IH if there are discrepancies.

Work Space/Location	Work Task	Supervisor	Total # of workers
A			

Description of Work Area:

Items Reviewed	Findings (Sat/UnSat)	Comments
Labeling/Signage		
Hearing Protection		
Safety/Communication		
Engineering Controls		

- Use separate page for each work space visited

HEARING CONSERVATION PROGRAM DATA REVIEW

Compare denominator data from IH report versus Command roster numbers to determine if they are consistent. .

IH Denominator	Command Denominator

Review of Program Data (see attached DOEHRS-DR report)

Compliance Rate	% Significant Threshold Shift	%Permanent Threshold Shift

Evaluate HC training methods and review documentation

Comments

Results of medical record review (Optional)

Comments