Date:

SUBJ: NOTIFICATION OF SIGNIFICANT THRESHOLD SHIFT

1. This written notification of significant threshold shift is provided in accordance with OPNAV 5100.23 series, the Navy’s primary Occupational Safety and Health Instruction for forces ashore, and OPNAVINST 5100.19 (Series) for forces afloat.

2. Results of follow-up evaluation(s) provided to your employee ________________________________ as part of the Hearing Conservation Program indicate that he/she has sustained deterioration in hearing sensitivity, also known as significant threshold shift (STS). This means his/her hearing has worsened since the reference audiogram was established. Possible causes for this have been discussed with the employee.

3. Continued hearing deterioration could significantly interfere with the ability to communicate. Routine use of personal hearing protectors during exposure to hazardous levels of noise is therefore very important to safeguard remaining hearing. Please ensure that the employee is provided with appropriate hearing protection, and that it is used consistently and appropriately.

4. This hearing loss does/does not meet the low fence for reportability. It should/should not be reported to the command safety manager for inclusion on the following form:
   ______ OPNAV 5102/7 Log of Navy Injuries and Occupational Illnesses, or equivalent (for civilian members).
   ______ Web Enabled Safety System (WESS) (for active duty and reserve members).

5. You are reminded that any discussion of a worker’s hearing abilities with non-authorized personnel is strictly prohibited.

6. Any questions may be directed to me at first.last@med.navy.mil

Your Name, Title

Cc: Supervisor

Safety Manager (where applicable)