NOISE SURVEY *(Continuation Sheet)*

(Sound Level Meter Survey)

1. DATE *(YYYYMMDD)*	2. TYPE SURVEY *(Enter 1, 2, or 3 in box)*		
	1 - INITIAL SURVEY	2 - RE-SURVEY	3 - OTHER

3. SOUND LEVEL DATA					4. PROTECTION REQUIRED *(re: dBA Level)*			
a. LOCATION	b. METER ACTION	c. dBC	d. dBA	e. RISK ASSESSMENT CODE	a. NONE *(Less than 85)*	b. PLUG OR MUFF *(85-108)*	c. PLUG AND MUFF *(108-118)*	d. PLUG + MUFF + TIME LIMIT *(Greater than 118)*

5. SURVEY PERFORMED BY *(Last Name, First Name, Middle Initial)*	6. HEARING CONSERVATION MONITOR *(Last Name, First Name, Middle Initial)*