UQ Health Monitoring (audiometry) Assessment Request Form – Hazardous Noise

Purpose

This form is submitted via Workday using the Workday Health Monitoring process. Use this form to request audiometry testing, via Workday for a UQ worker who may be exposed to a hazardous noise work process.

Audiometry is health monitoring for a worker required to use personal hearing protectors as a control measure when exposed to noise that exceeds the exposure standard for hazardous noise.

UQ has set limits of $L_{Aeq,8h}$ (eight-hour equivalent continuous sound pressure level) greater than 82.5 dB(A) or $L_{C,peak}$ of 137 dB(C)[1] for hazardous noise requiring audiometry; and 80.0 db(A) or $L_{C,peak}$ of 135 dB(C) if the worker is exposed to ototoxic substances.

The HSW team will assess the health monitoring requirements based on the information provided.

Procedures

The decision to conduct audiometry is informed by risk assessment. Use this form to document relevant hazard and risk data and to review the risk controls at least annually.

This form should be completed by the relevant health, safety and wellness staff in consultation with the worker exposed to the hazardous noise and their supervisor:

- ☐ for the initial request for audiometry
- ☐ at the time of repeat audiometry
- ☐ at time when audiometry no longer required (exit test)
- ☐ when there is a change to the exposure risk
- ☐ when an audiogram shows signs of noise induced hearing loss.

A separate form is completed for each worker requiring audiometry.

This form is submitted and initiated through the WorkDay Health Monitoring process.

If hearing assessment is required, then the cost will be funded by the organisational unit. For non-arrivals without prior notice by the employee or supervisor, the organisational unit will be a charged the cost regardless. The finance details need to be completed in table below.

Date RISQ raised:		**Purchasing Business Unit:**	
Finance Officer:		**Email:**	
Chartstring		**Signature**	

Section 1: Background information

Name of faculty/institute/school:	
Name of specific business unit:	
Name and contact details of person requesting the audiometry:	

[1] As the exposure standard for hazardous noise protects most but not all people, UQ has adopted a 3-decibel level lower than the LAeq,8h exposure standard.

Is audiometry testing already in place for the related work tasks?		☐ Yes ☐ No
	If yes, how regularly is the audiometry conducted?	☐ Annually ☐ 2-yearly ☐ Other - specify frequency:
	If audiometry is not already in place, does the hazardous noise exceed: • LAeq,8h (eight-hour equivalent continuous sound pressure level) greater than 82.5 dB(A) or LC,peak of 137 dB(C); or • 80.0 db(A) or LC,peak of 135 dB(C) if the worker is exposed to ototoxic substances.	Yes ☐ No ☐
Is the worker receiving other health monitoring not related to noise hazard? If yes, what specific health monitoring is in place?		Write details here:

Section 2 Hazardous task identification

Name of task that relates to the health surveillance:	
Brief description of work task:	
What specifically is/are the source/s of the hazardous noise?	
Name and contact number of worker at risk of exposure to the hazardous noise:	

Section 3 Hazard sources/measurements

3.1 Noise

Source/s of noise				
Have measurements of the source/s of the noise been conducted using a sound measuring device? E.g., Lathe, belt sander, chainsaw, rivet hammer etc			☐ Yes ☐ No	
	If yes, what type of sound measuring device was used? (tick relevant box)		☐ Sound Level Meter? ☐ app on a smart device? ☐ other?	
	If yes, please also document the sound level meter results as follows for each source below:			
	Noise source	Noise source identifier (e.g., name of particular piece of equipment etc)	dB(A) measurement	dB(C) measurement
	Noise source 1			
	Noise source 2 (if applicable)			
	Noise source 3 (if applicable)			
	Noise source 4 (if applicable)			
	If yes, when were these noise measurements last conducted?			
	If yes, have you provided a copy of these noise measurements to the HSWD?		☐ Yes ☐ No If yes, who to:	
	If no, do you have to raise your voice to speak to another person within one metre of you		☐ Yes ☐ No	
Personal noise dosimetry				
Have measurements of personal noise dosimetry been conducted for this worker?			☐ Yes ☐ No	
	If Yes, when was noise dosimetry last conducted?			
	If Yes, Have you provided a copy of the noise dosimetry results to the HSWD?		☐ Yes ☐ No If yes, who to:	

Have measurements of personal noise dosimetry been conducted for workers performing similar task/s?		☐ Yes ☐ No
	If Yes, when was noise dosimetry last conducted?	
	If Yes, Have you provided a copy of the noise dosimetry results to the HSWD?	☐ Yes ☐ No If yes, who to:

3.2 Ototoxic chemicals[2] (if applicable)

3.2.1 Does the worker work with any of the following (ototoxic) chemicals?

☐ Yes (please mark all applicable) ☐ No (move to section 3.3)

Type	Name	Mark all applicable
Solvents	Butanol	☐
	Carbon disulphide	☐
	Ethanol	☐
	Ethyl benzene	☐
	n-heptane	☐
	n-hexane	☐
	Perchloroethylene	☐
	Solvent mixtures and fuels, Stoddard solvent (white spirits)	☐
	Styrene	☐
	Toluene	☐
	Trichloroethylene	☐
	Xylenes	☐
Metals	Arsenic	☐
	Lead	☐
	Manganese	☐
	Mercury	☐
	Organic tin	☐
Other	Acrylonitrile	☐
	Carbon Monoxide	☐
	Hydrogen cyanide	☐
	Organophosphates	☐
	Paraquat	☐
Other – please list		

[2] Ototoxic substances absorbed into the bloodstream may damage the cochlea in the inner ear and/or the auditory pathways to the brain, leading to hearing loss and tinnitus. Hearing loss is more likely if exposure is to a combination of substances or a combination of the substance and noise.

3.3 Vibration[3] (if applicable)

Is the worker exposed to noise and either hand-arm vibration (HAV) or whole body vibration ☐ Yes (please provide below vibration source/s and type) ☐ No (move to section 4)			
Vibration source	Vibration source identifier (e.g., name of particular piece of equipment etc)	Hand–arm Vibration (HAV)	Whole-body vibration (WBV)
vibration source 1		☐ Yes	☐ Yes
Vibration source 2 (if applicable)		☐ Yes	☐ Yes
Vibration source 3 (if applicable)		☐ Yes	☐ Yes
Vibration source 4 (if applicable)		☐ Yes	☐ Yes

Section 4: Degree of potential exposure to hazardous noise

The following section determines the frequency and duration of exposure to hazardous noise w*ithout consideration of any current exposure controls*. Complete the following information:			
Noise source (as documented in table at section 3.1)	Noise source identifier (e.g., name of particular piece of equipment etc)	Duration of exposure per day (minute/hours)	Based upon the dB(A) and dB(C) noise measurements, what is the $L_{Aeq,8h}$? (see Appendix D of the Managing noise and preventing hearing loss at work Code of Practice 2020)
Noise source 1			
Noise source 2 (if applicable)			
Noise source 3 (if applicable)			
Noise source 4 (if applicable)			
a) For the worker is the $L_{Aeq,8h}$ greater than 82.5 dB(A) or $L_{C,peak}$ of 137 dB(C)[4]			☐ Yes ☐ No

[3] There is also evidence that exposure to hand–arm vibration (HAV) and whole body vibration (WBV) exacerbates the effects of noise on hearing.

[4] As the exposure standard for hazardous noise protects most but not all people, UQ has adopted a 3-decibel level lower than the LAeq,8h exposure standard.

b) Is the worker exposed to both noise and ototoxic substances at the same time? If yes, is the Is the $L_{Aeq,8h}$ greater than 80 db(A) or 135 dB(C)?	☐ Yes ☐ No
c) Is the worker exposed to both noise and hand-arm or whole-body vibration at the same? If yes, is the Is the $L_{Aeq,8h}$ greater than 80 db(A) or 135 dB(C)?	☐ Yes ☐ No

Section 5: Current exposure controls

What current exposure controls are currently in place, have been considered or are planned for implementation to minimize the risk of harm to health and safety? Document this using the Hierarchy of Controls as below as a guide

HIERARCHY OF CONTROLS

- ELIMINATE: - remove the hazardous noise from the task/procedure entirely
- SUBSTITUTE: - replace with a less noisy process
- ISOLATE: - separate personnel from the process by distance or barriers
- ENGINEERING: - use machinery, equipment or processes to minimize noise generation
- ADMINISTRATION: - use policies, procedures, instructions or signage
- PERSONAL PROTECTIVE EQUIPMENT: - provide and wear protective equipment/clothing

Note: Higher order controls are preferred. Relying only on administrative and PPE controls in absence of isolation and engineering controls increases the likelihood of exposure being inadequately controlled. PPE should be used as a backup for the higher order controls.

Control	Already implemented (mark box for yes)	Considered but not practicable (mark box for yes)	Planned for implementation before task continues (mark box for yes)	Not applicable	Notes
Eliminate the noise					
Cease using the noisy equipment	☐	☐	☐	☐	
Substitute source of noise for less noisy process					
Buy quieter plant equipment/instruments	☐	☐	☐	☐	
Change the way the work is done (e.g., bending metal in a vice or a press is quieter than hammering it into shape) As specified below:	☐	☐	☐	☐	
Isolate workers from the hazard					
Isolation of the process	☐	☐	☐	☐	

Control	Already implemented (mark box for yes)	Considered but not practicable (mark box for yes)	Planned for implementation before task continues (mark box for yes)	Not applicable	Notes
Enclosure of the process	☐	☐	☐	☐	
Barriers to block path of noise e.g., noise-absorbent acoustic barrier	☐	☐	☐	☐	
Move noise source away from workers	☐	☐	☐	☐	
Restrict access to noise hazard areas	☐	☐	☐	☐	
Use remote controls to operate noise plant from a distance	☐	☐	☐	☐	
Other/s as specified below:	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
Engineering					
Modify plant and processes to reduce noise. As specified below:	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
Administration					
Signpost noise hazard areas	☐	☐	☐	☐	
Organising schedules so that noisy work is done when only a few workers are present	☐	☐	☐	☐	
Using job rotation to limit the time workers spend in noisy areas by moving them to quiet work before their daily noise exposure levels exceed the exposure standard.	☐	☐	☐	☐	

Control	Already implemented (mark box for yes)	Considered but not practicable (mark box for yes)	Planned for implementation before task continues (mark box for yes)	Not applicable	Notes
Training of workers in use of hearing protection, hearing conservation and health effects of noise	☐	☐	☐	☐	
Other/s as specified below:	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
PPE – Hearing protection devices (HPD)					
Workers use HPD	☐	☐	☐	☐	
Type of HPD For further information see factsheet: Personal hearing protectors -Types	☐ Expandable ear plugs ☐ Earmuffs ☐ Canal caps ☐ Other – please specify				
SLC80 rating of the HPD For further information on the SLC80 rating see factsheet: Personal hearing protectors - Selection					
Has HPD been fitted to the ear of the user?	☐ Yes ☐ No				
Is the HPD suitable for the nature of work? For further information on suitability see the Managing noise and preventing hearing loss at work Code of Practice 2020	☐ Yes ☐ No				
Is the HPD suitable size and fit, and comfortable? For further information on size and fit see the Managing noise and preventing hearing loss at work Code of Practice 2020	☐ Yes ☐ No				
Is the HPD, clean and in good working order?	☐ Yes ☐ No				

Control	Already implemented (mark box for yes)	Considered but not practicable (mark box for yes)	Planned for implementation before task continues (mark box for yes)	Not applicable	Notes
Other control/s not listed above					

Section 6: Determine if risk of exposure to the noise requires audiometry.

If yes to section 4 a), b) or c) then audiometry is required.

Section 7 Implementation of improved controls to further minimise the risk

If audiometry is required, detail here:

- What specific improvements in controls are planned:

- Time period for implementation of improved controls:

- What budget cycle are costs of planned improvement to occur:

Section 8: Contact person(s)

Name of person completing this form:		Date:	
Name of business unit health, safety and wellness person who reviewed this form:			
UQSafe Risk Assessment or Hazard record number associated with this work task			

This form is submitted using the WorkDay Health Monitoring process