

Black Mountain Mining Pty (Ltd)
VOH DEPARTMENT (Tel: 9401/9402/9403/9625)

PERSONAL NOISE EXPOSURE MEASUREMENT ISSUE FORM

DATE	
WORK AREA	
STATISTICAL POPULATION	
NUMBER OF PEOPLE IN H.E.G.	
OCCUPATION – Black Mountain	
OCCUPATION – SAMOHP Code Book	
SAMOHP Occupation Code	
NAME (Initials and Surname)	
COY NUMBER	
IMMEDIATE SUPERVISOR	
HEAD OF DEPARTMENT	
CONTRACTOR NAME (If Applicable)	
DOSIMETER TYPE	
SERIAL NUMBER	
CALIBRATION READING (Before)	
CALIBRATION READING (After)	
CALIBRATOR TYPE	

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PLEASE RETURN TO THE VOH DEPARTMENT / LAMPROOM

PERSONAL NOISE EXPOSURE MEASUREMENT ISSUE FORM

YOU HAVE BEEN SELECTED TO WEAR THE NOISE SAMPLER FOR THE SHIFT.

Please complete the sections below

PERSONAL DETAILS

DATE	
INITIALS AND SURNAME	
OCCUPATION	
COMPANY OR ID NUMBER	
SUPERVISOR/FOREMAN	
COMPANY	
SIGNATURE	

WORKPLACE

AREA/LEVEL WHERE YOU WORKED	
NOISY CONDITIONS IN THE AREA	
SOURCES OF NOISE IN THE AREA	
ARE THERE NOISE CONTROLS IN THE AREA?	
ARE THE CONTROLS IN WORKING ORDER?	
ENVIRONMENTAL CONDITIONS	

JOB PERFORMED TODAY

WHAT WAS YOUR JOB FOR THE DAY?	

EQUIPMENT/TMM/MACHINERY USED FOR THE DAY

EQUIPMENT/TMM TYPE	EQUIPMENT/TMM NUMBER
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NOISE SAMPLE

DID YOU WEAR THE DOSIMETER FOR FULL SHIFT?	
WHEN DID YOU TAKE THE SAMPLE OFF?	
WHY DID YOU TAKE THE SAMPLE OFF?	
HOW LONG WAS IT NOT ON YOU?	

PPE

ARE THER SYMBOLIC SIGNS FOR WEARING YOUR EAR PROTECTION?	
HAVE YOU BEEN ISSUED WITH EAR PROTECTION?	
DID YOU WEAR YOUR EAR PROTECTION?	
DO YOU WEAR YOUR EAR PROTECTION EVERY DAY?	

END OF SHIFT COMMENTS OR COMPLAINTS

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Potential Indicators for Exceedance or Mismeasurement (Tick the appropriate)	Yes	No	I, _____ hereby declare that, before issuing the instrument, I have fully informed the instrument wearer on the following points: - Purpose of Sampling - Consequences of Instrument Tempering - Possible Investigations that may follow
Did the instrument run continuously?			
Was the Battery Fault Indicated?			
Is there any damage to the equipment?			
Was the sampling equipment faulty?			

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Were you informed about this sampling?			
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1	SAMPLING AND ACTIVITY CODE		
2	OCCUPATION		
3	SHIFT (DAY OR NIGHT)		
4	DOSIMETER NUMBER		
5	DOSIMETER TYPE		LAST ANNUAL CALIBRATION DATE
6	CALBRATOR TYPE		LAST ANNUAL CALIBRATION DATE
7	CALIBRATION BEFORE		
8	MEASUREMENT & ANALYTICAL METHOD/STANDARD		
9	CALIBRATION AFTER		

EMPLOYEE TRAINING
HOW TO WEAR DOSIMETER

STEP 1: SWITCH ON INSTRUMENT AND ATTACH TO COLLAR



STEP 2: ENSURE INSTRMENT IS SECURELY ATTACHED ON YOUR SHOULDER NEAR YOUR EAR



HEARING PROTECTION IS A SOUND INVESTMENT
BE SMART: PROTECT YOUR HEARING

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USE YOUR HEARING PROTECTION DEVICES