

Employee Name: \_\_\_\_\_



NOISE DOSIMETER NO. \_\_\_\_\_

*Pre Noise Dosimetry Calibration*

\_\_\_\_\_  
*Noise Level      Date      Time*

**Certified Environmental, Inc.  
Noise Dosimetry Work Activities Log**

*Post Noise Dosimetry Calibration*

\_\_\_\_\_  
*Noise Level      Date      Time*

**Company Name: Voisard Manufacturing, Inc (Plant No. 2) Address: 2510 Taylortown Road City/State: Shelby, Ohio  
POC and Title: Ms. Sharon Emmer, Human Resources and Safety Manager Telephone Number: (419) 896-3191**

1. Department Name of Employee Being Evaluated: \_\_\_\_\_
2. Work Shift: \_\_\_\_ 3. Hours: \_\_\_\_\_ 4. Hearing Protection Provided: **Yes or No** 5. Hearing Protection Worn: **Yes or No**
6. Describe Normal Job Duties / Functions: \_\_\_\_\_  
\_\_\_\_\_
7. Are You Asked to Perform Job Duties Outside Your Department: **Yes or No** 8. If Yes, How Often: \_\_\_\_\_ Daily  
\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly 9. Describe Additional Duties: \_\_\_\_\_  
\_\_\_\_\_

TIME	DESCRIPTION OF DAILY WORK ACTIVITIES
5	
6	
7	
8	
9	
10	
11	
12	
1	
2	
3	
4	
5	

Additional Comments: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ / \_\_\_\_\_  
Employee Print or Type Name Employee Signature

Measured Noise Level: \_\_\_\_\_ dB  
 Measured Noise Level (TWA): \_\_\_\_\_ dB  
 Is Hearing Protection Recommended: Yes or No Is Hearing Protection Required: Yes or No

Form Completed by: \_\_\_\_\_ / \_\_\_\_\_  
CEI Representative Print or Type Name CEI Representative Signature