

NOISE LEVEL ASSESSMENT REPORT

The purpose of this report form to record details of a noise level assessment. The assessment must be done by a person with appropriate qualifications or competency.

ASSESSOR DETAILS

Name : Competency/ Qualifications

Contact details :

LOCATION DETAILS

Building: Room number : Date: Time:

INSTRUMENT DETAILS

Name: Manufacturer:

Class type: Tolerance: Date of last calibration:

TEST STANDARD FOLLOWED

Number: Title: Clauses:

Any departure from standard:

Other method used if applicable:

ASSESSMENT DETAILS

Description of task/s : Sources of noise:

Noise sources operating at time of assessment:

Types of walls/ state of machinery:

Is this typical day? or worst case scenario Length of shift (hrs)

Who is affected by noise: Staff Students Visitors Contractors

Length of measurement

RESULTS

Time weighting LAeq,8h (fast, slow, impulse, peak): Controls needed or other assessments needed:

	Range	Mean
A-weighted	to	dBA
C-weighted	to	dBC
Unweighted, peak	to	d(LIN)PEAK
Sound power level	to	dBA

Declaration

The undersigned declare that this a true record of the inspection undertaken

Name: Signature Date

Name: Signature Date