| **Section 3** | **Personal Protective Equipment**  **Hazard Assessment** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Form 7** |
| **NOISE HAZARDS** | | | | **N/A** | | **YES** | **NO** |
| Does your employee(s) perform tasks, or work near employees who perform tasks, which produce any of the following hazards: | | | |
| Excessive Noise | | Ultrasonics | Other (*specify*): | | Other (*specify*): | | |
| **Controls in Place** | | | | | | | |
| Noise Reduction Design | | Exposure Time Reduced | Noise Monitoring | | Other (*specify*): | | |
| **PPE Requirements** | | | | | | | |
| Ear Plugs | | Earmuffs | Ear Plug/Earmuff Combination | | Other (*specify*): | | |
| **Additional Comments:** | | | | | | | |
|  | | | | | | | |