

# HEARING CONSERVATION PROGRAM INSPECTION CHECKLIST

## GENERAL INFORMATION

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

Date: \_\_\_\_\_

Location: \_\_\_\_\_

## Noise Exposure Assessment

- Yes  No — Noise monitoring records are current and documented
- Yes  No — High noise areas are clearly identified and posted
- Yes  No — Equipment noise levels are regularly evaluated
- Yes  No — Employees are notified of noise monitoring results

## Hearing Protection Equipment

- Yes  No — Appropriate hearing protection is available to staff
- Yes  No — PPE is inspected for wear and replaced as needed
- Yes  No — Proper fit testing has been conducted for users
- Yes  No — Storage areas for PPE are clean and accessible

## Audiometric Testing

- Yes  No — Baseline audiograms are completed for new hires
- Yes  No — Annual audiometric testing is performed and tracked

Yes  No — Standard threshold shifts are identified and reported

Yes  No — Testing is conducted by qualified professionals

### Training and Recordkeeping

Yes  No — Annual hearing conservation training is documented

Yes  No — Training covers PPE use, care, and limitations

Yes  No — Records are maintained for the required duration

Yes  No — Program effectiveness is reviewed periodically

### FINAL NOTES

Inspector Comments:

---

---

---

---

Inspector Name: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I confirm this inspection was completed accurately