

Audiogram Results

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Last Name: First Name: ID #: Sex:
DOB: Dept: Shift: Prot: TWA: Type:
Notes:

Left Ear							Right Ear						
500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K
00	00	00	00	00	00	00	00	00	00	00	00	05	00

Test Date/Time: **4/26/2007 10:56:53 AM** Technician: Cert #:

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Audiometer Information
Make: **Monitor** Model: **MI-5000** Cal Date: **03/28/07** Serial #: **01835**
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Does the test environment background noise meet OSHA standards?

_____ I have been trained in the proper use and fit of hearing protection.
_____ I have been instructed on the purpose of hearing testing procedures.
_____ I have been cautioned about the effects of noise on hearing.

Date Employee Signature Witness

