



Hearing Conservation - DATE 07/26/26 – 08/1/26

Hearing Conservation Programs require employers to measure noise levels, provide free annual hearing exams and free hearing protection, provide training, and conduct evaluations of the adequacy of the hearing protectors in use. If your 8 hr TWA is over 85dBA, you are required to wear hearing protection and be enrolled in a hearing conservation program.

Most noise induced hearing loss is caused by long term exposure to loud noise. Noise damages small hairs called cilia in your cochlea that conduct sound to your brain. The noise will bend or break them off over time. Once you lose your hearing from noise induced hearing loss it cannot be repaired. It is gone forever.

Symptoms and Effects of Hearing Loss

- Buzzing
- Ringing in ears
- Muffled Hearing
- Tinnitus – constant ringing, hissing, buzzing, roaring, chirping or whistling sounds
- Effects – failure to respond, frustration, avoiding conversation, inattentiveness

Causes of Hearing Loss

- Exposure to loud noises
- Certain drugs and chemicals
- Aging
- Hereditary
- Head Trauma
- Ear infections as a child/adult

Types of Noise

1. Continuous – same noise consistently (Machinery constantly running in a power plant, lawn mower)
2. Intermittent – periods of quiet interrupted by noise (using a tool or piece of machinery on and off: loud music or chainsaw)
3. Impact or Impulsive – something striking another object (nail gun, jack hammer, gunshot)

Recognizing and preventing hearing loss

- You have to shout to be heard by someone 2-3 feet away, turning equipment off to be heard, move to a quieter area to talk or verifying noise levels with a sound level meter
- Once you leave the noise area you hear ringing or humming in your ears and experience temporary hearing loss
- Prevent – wear ear plugs or muffs when working with loud tools, machinery or equipment ○ Only wear approved hearing protection that meets ANSI standards and has a high enough Noise Reduction Rating (NRR) to reduce your noise exposure below 85 dBA.





SAFETY MEETING SIGN-IN

Date _____ Topic _____
Location _____
Trainer _____
Start Time _____ End Time _____

Print Name	Signature	Print Name	Signature

Signature of Trainer: _____

SCAN	SAFETY/TOOLBOX TALKS/TRAINING/MMDDYY TRAINING CERTIFICATION
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