

**DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
POLICY AND PROCEDURES MANUAL**

NOISE SURVEY REPORT

P&P C-92
Issue Date:
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AUTHORITY: Not applicable.

POLICY: It is the policy of the Division of Occupational Safety and Health to use the Noise Survey Report, OSHA Form 92, as a sampling and exposure documentation worksheet to record facts pertaining to workplace noise.

PROCEDURES:

A. USE

1. The Noise Survey Report provides compliance personnel with a document for recording the data required to support a noise violation. The OSHA Form 92 consolidates calibration records, survey data, and post-survey analysis into one form. See Attachment A.
2. Compliance personnel shall use the OSHA Form 92 to document all noise survey data used to support a citation.

B. OFFICE PROCEDURES

1. Compliance personnel shall complete the OSHA Form 92 according to the instructions set forth in Section D.

NOTE: If more space for sample or other information is required for a noise sample, additional OSHA Form 92s may be used. On each additional OSHA Form 92, mark through the preprinted Sampling Number and enter the Sampling Number from the first form used. The Notetaking Sheet, OSHA Form 94, may also be used for these continuations. Do not, however, complete Exposure Summary (Items 24-34) on any continuation sheet(s) other than the OSHA Form 92.

2. After completion of the OSHA Form 92, compliance personnel shall give the Form 92 to Office Support Staff for submission to OMDS for data entry. See Attachment B.

C. FORM DISTRIBUTION

1. Office Support Staff shall mail each Form 92 to OMDS when they receive the Form 92 from compliance personnel.
2. The original OSHA Form 92 shall be placed in the employer case file.

D. FORM COMPLETION

MOD/Date

Complete this item only when it is necessary to change an OSHA Form 92 previously submitted to OMDS. If modifications to the Form 92 are made, compliance personnel shall mark the modifications in red ink on the Form 92, enter "M" in the MOD box, enter the date of the modification in the "DATE" box and give the modified Form to Office Support Staff for submission to OMDS.

1. Reporting ID

Enter the Reporting ID of the submitting office.

2. Inspection Number

Enter the Inspection Number from the related Cal/OSHA Form 1.

3. Sampling Number

This unique preprinted number identifies each sampling experience. This number must always be used when modifying the information on a sampling form.

4. Establishment Name

Enter the name of the establishment as it appears on the Cal/OSHA Form 1.

NOTE: Only the first form of each set submitted to the lab need contain the legal name. A shortened version may be entered on the subsequent sheets to aid in the identification of the appropriate case file in the field office and in OMDS.

5. SE/IH ID

Enter the SE/IH ID of the person actually performing the survey.

6. Survey Date

Enter the month, day and year the survey was conducted.

7. Person Performing Sampling (Signature)

The SE/IH who is performing the survey must sign or initial the survey form to verify that the method(s) prescribed by the Cal/OSHA IH Tech Manual have been followed.

8. Employee (Name, Address, Telephone Number)

Enter the name, address (including ZIP Code) and telephone number of the employee being sampled.

9. Job Title

Enter a descriptive, concise (no more than 20 characters) and legible job title for the employee being sampled. For area, bulk or wipe samples, enter the job title of the employee(s) who are most at risk from exposure. If one cannot be determined, enter the area of the worksite sampled.

10. Occupation Code If known, enter an appropriate occupational code that corresponds to the job title in Item 10.

11. PPE (Type and Effectiveness)

Enter the type(s) and the effectiveness of any personal protective equipment (PPE) the sampled employee is using, including the manufacturer's name and model number, and the noise reduction rating, if available. If no PPE is in use, enter "NONE."

12. Exposure Information

a. Number

Enter an estimation of the number of employees who are suspected to be over exposed to the hazard. Include the sampled employee as well as employees potentially over exposed on all shifts. This number represents a subjective assessment of the scope of the exposure problem at the time the samples were taken.

Enter this number only once for each hazard area by entering the appropriate number on the first OSHA Form 92 for a particular hazard area and leaving this item blank on all subsequent OSHA Form 92s for the same area.

NOTE: It is essential that this number not be repeated on sample forms relating to the same hazard area. Repeated entries will result in multiple counting and will invalidate the IMIS data.

b. Duration

Enter the length of time that the alleged violation has existed. This number indicates how long the hazard(s) has existed, not how long the sampled employee has been exposed to the hazard. It is not necessary to enter the duration on all OSHA Form 92s for an area unless the information is different.

c. Frequency

Describe, as concisely as possible, the general frequency of exposure in the sampling area. Convey the complete picture for all over exposed employees, not just that of the sampled employee. This may require several frequency descriptions and the number exposed at each frequency.

EXAMPLE: 2 for 8 hrs/day, 8 for 3 hrs/week or 3 for 10 hrs/week.

13. Weather Conditions

Enter, when necessary, the temperature, altitude and other weather conditions existing during the survey period which may affect the survey data. Refer to the Cal/OSHA IH Tech Manual for guidance.

14. Photo

If a photo(s) was taken, circle the "Y." If no photo was taken, draw a slash through this item.

15. SLM

The SLM data which relates to the employee exposure documented on a survey sheet may be entered here in the columnar layout, on a drawing, or in the narrative of the job description (Item 61).

- a. Time. Enter the time at which each SLM reading was taken.
- b. DBA. Enter the SLM reading taken on the A scale, slow mode.
- c. DBC. Enter the SLM reading taken on the C scale.
- d. Location of Test and Remarks. The specific location at which each SLM reading was taken. Note the employee's activity at that moment and any other observations, such as the employee's proximity to the noise source.

16. SLM SN

The SLM's serial number may be entered here for reference during sampling.

DOSIMETER DATA

17. Dosimeter SN

The dosimeter's serial number may be entered here for reference during sampling.

80dB/90dB Mark an "X" in the appropriate box to indicate whether the threshold of the dosimeter was set at 80dB or 90dB.

18. Cell Number(s)

If appropriate, enter the number of each cell as it is used.

NOTE: If one cell is used throughout the survey, but the dosimeter is turned off during the day, enter the times in Item 19 in the next column without repeating the cell number.

If an instrument which does not need cells (e.g., General Radio Dosimeter) is used, leave this item blank.

19. Time On/Off

Enter the time(s) the dosimeter is turned on or turned off, or the time of each reading.

20. Readout %

Enter the percent exposure recorded on each cell. If cells are not used and exposures are read throughout the day, this space may be used to enter the percent exposure indicated at each reading. Precede such readouts by the time read, as described in Item 19.

21. Readout SN

If a readout is used with the cells, enter its serial number. If the same readout was used for the dosimeter calibration, the serial number will be recorded in Item 37a, and a slash may be drawn through this line.

22. Total Time

Enter the total duration of the survey, in minutes.

23. Equivalent DBA

Enter the calculated equivalent DBA for all doses of noise exposures reported. Refer to the Cal/OSHA IH Tech Manual.

EXPOSURE SUMMARY

After sampling has been conducted and analyzed, complete the Exposure Summary (Items 24-34) whether or not a citation will be issued. If the samples documented on an OSHA Form 92 do not meet the criteria for submission to OMDS (See Attachment B) write "VOID" or some other sign across the Exposure Summary box, signifying that these forms will not be sent to OMDS.

24. Line Number

This item is a number used to identify a particular exposure in the computer record. Each unique exposure must be assigned a line number and this number must be used in referring to individual records for modifications or retrieval.

25. Substance Code

Enter the appropriate hazardous substance code. See Attachment E, P&P C-170 & 170A.

26. Sample Type

Enter a code from among those listed below to indicate what kind of sample was taken.

P=Personal

A=Area

27.Exposure Type

Enter a code from among those listed below to indicate what kind of exposure is being reported.

S=Sound Level

D=Dose

V=Not Valid

Not Valid. If the survey was considered invalid for some reason, for instance, the dosimeter malfunctioned, enter "V" in this item. If "V" is entered in this item, leave Items 28-32 blank.

More than One Type of Exposure for the Same Type Noise. If a sound level and a dose are reported for the same substance code, each value must be entered on a unique line.

More than One of the Same Exposure Type for the Same Type Noise. If more than one sound level or dose measurement is taken for the same type noise and substance code, enter only the "highest" value measured. For example, if compliance personnel took several readings for impact noise, report only the highest reading measured.

28. Exposure Level

Enter the exposure determined by sampling. For a dose, this may be equivalent to either the sum of the readout percentages in Item 20, e.g., for dosimeters which require cells and return to zero on readout, such as Dupont; or the final percent exposure, e.g., for instruments which do not return to zero on readout, such as General Radio. This value must be entered regardless of whether an over exposure exists.

29. Units

Enter the appropriate code from the following list to indicate the unit of measure in which the exposure level and the PEL are expressed for the substance identified in Item 25.

%=Percentage

B=Decibels

30. PEL

Enter the appropriate PEL or other standard against which the exposure is being evaluated. The PEL entered here must correspond to the type of exposure reported in Item 27. If the exposure is evaluated in relation to an Action Level, enter the Action Level here. (Be sure to use the appropriate substance code in Item 25.) If the PEL must be adjusted because of a novel work schedule or other unusual circumstance, enter the adjusted PEL.

31. Adjusted

Mark an "X" in this box if the PEL was adjusted. If not, leave it blank.

32. Severity

Enter the severity of exposure, e.g., sound level divided by PEL, calculated to two (2) significant figures. This value must be recorded even if it is less than 1.

33. Citation Information

Mark as many of the following box(es) as apply regarding citation issuance.

No Citation. No citation was issued as a result of this sample.

FTA (Failure to Abate). An additional penalty was assessed for the employer's failure to abate a previous violation.

Over Exposure. A citation was issued for over exposure to the noise identified in Item 25.

Engineering. A citation was issued for lack of or faulty engineering and/or administrative controls.

PPE (Personal Protective Equipment). A citation was issued for lack of or faulty personal protective equipment.

Training. A citation was issued for lack of adequate training.

Medical. A citation was issued for lack of medical surveillance. This includes audiometric testing.

Other. A citation was issued for other reasons.

34. Total Number Of Lines

Enter the total number of line entries made in the Exposure Summary section, i.e., the total number of entries made in Item 25. If multiple pages are used, enter on the first page the total number of lines entered on all related pages of the OSHA Form 92, then leave this item blank on all the subsequent pages.

NOTE: This item must also be completed if the Exposure Summary is being modified.

Case File Page

When the case file is organized, the survey forms and their continuation sheets should be placed immediately behind the Documentation Worksheet, OSHA Form 1B, to which they relate. All survey forms which do not support a violation should be placed together at the back of the case file. After the case file has been organized, all of the pages should be numbered sequentially according to current office filing procedures.

PRE-SURVEY (See the back of the OSHA Form 92)

Dosimeter Calibration (MFG, SN)

Enter the manufacturer and serial number of the dosimeter which will be used to perform the survey.

35. Battery Check

Mark an "X" in the appropriate box to indicate whether the battery was checked.

36. Calibrator SN

Enter the serial number(s) of the calibrator(s) used to calibrate this dosimeter.

37. Readout

If a separate readout is used, complete the information in subitems a and b. If the same readout is used with all dosimeters calibrated during a session, enter the information on the first form used and draw a slash through this item on all additional forms. If no readout is used, leave this item blank.

- a. SN. Enter the serial number of the readout, if applicable.
- b. Voltage Check. If applicable, mark an "X" in the appropriate box to indicate whether the battery's voltage was checked.

38. Location/T & BP

If the dosimeter is calibrated in the office, enter "OFFICE." If calibrated elsewhere, enter the address of the location at which the calibration is performed. Include temperature and barometric pressure, when necessary.

NOTE: If all the dosimeters are calibrated at the same location, the address should be noted on the first form used and a slash drawn through this item on subsequent forms.

39. Cell Number(s)

Enter the number(s) of the cell(s) being calibrated. Only those cells which will be used in the survey need to be calibrated.

40. Readout %

Enter the result of the pre-survey calibration. If cells are used, enter the result of each cell's calibration. If the instrument does not use cells, leave Item 39 blank and enter the dosimeter readings here.

41. Initials

The person performing the pre-survey calibration must certify that standard calibration procedures have been followed by initialing the form in this space.

42. Date/Time

Enter the date and time of the pre-survey dosimeter calibration.

POST-SURVEY (See the back of the OSHA-92)

43. Battery Check

Mark an "X" in the appropriate box to indicate whether the battery was checked.

44. Calibrator SN

Enter the serial number(s) of the calibrator(s) used to calibrate this dosimeter. If the same calibrator was used for the pre-survey calibration (Item 36), draw a slash through this item.

45. Readout

If a separate readout is used, complete the information in subitems a and b. If the same readout was used for the pre-survey calibration (Item 37), draw a slash through this item. If the same readout is used with all dosimeters calibrated during a session, enter the information on the first form used and draw a slash through this item on all additional forms. If no readout is used, leave this item blank.

- a. SN. Enter the serial number of the readout, if different from Item 37.
- b. Voltage Check. If applicable, mark an "X" in the appropriate box to indicate the battery's voltage was checked.

46. Location/T & BP

If the dosimeter is calibrated in the office, enter "OFFICE." If calibrated elsewhere, enter the address of the location at which the calibration is performed. Include temperature and barometric pressure, when necessary.

NOTE: If all the dosimeters are calibrated at the same location, the address should be noted on the first form used and a slash drawn through this item on subsequent forms. If the pre- and post-survey calibrations were both done at the same location, draw a slash through this item, but enter the temperature and barometric pressure, if needed, on the first form used.

47. Cell Number(s)

Enter the number(s) of the cell(s) being calibrated. Only those cells used during the survey need to be recalibrated.

48. Readout %

Enter the result of the post-survey calibration. If cells were used, enter the result of each cell's calibration. If the instrument does not use cells, leave Item 47 blank and enter the dosimeter readings here.

49. Initials

The person performing the post-survey calibration must certify that standard calibration procedures have been followed by initialing the form in this space.

50. Date/Time

Enter the date and time of the post-survey dosimeter calibration.

PRE-SURVEY (See the back of the OSHA Form 92)

If the same SLM is used for all the employee exposure data, enter the following information on the first form used and enter a page reference in Item 57 of the SLM block on subsequent forms used in that day's survey to indicate where the pre-survey SLM calibration data can be found. If compliance personnel use the Cal/OSHA Form 1E, all pertinent information must be transferred to the OSHA Form 92.

Sound Level Meter Calibration (MFG, SN). Enter the manufacturer and serial number of the sound level meter which will be used to perform the survey.

51. Calibrator SN

Enter the serial number(s) of the calibrator(s) used to calibrate this SLM. Include the manufacturer's name if different from that of the SLM.

52. Location/T & BP

If the SLM is calibrated in the office, enter "OFFICE." If calibrated elsewhere, enter the address of the location at which the calibration is performed. If the SLM and dosimeter were both calibrated at the same location, enter "SAME." Include temperature and barometric pressure, when necessary.

NOTE: If all the SLMs are calibrated at the same location, the address should be noted on the first form used and a slash drawn through this item on subsequent forms.

53. Results

Enter the results of the pre-survey SLM calibration in the chart provided. It is only necessary to calibrate the SLM at 1000 Hz; the other listed frequencies are optional.

54. Initials

The person performing the pre-survey calibration must certify that standard calibration procedures have been followed by initialing the form in this space.

55. Date/Time

Enter the date and time of the pre-survey SLM calibration.

NOTE: If the SLMs and dosimeters were calibrated at the same place and time, this data need only be entered under "Dosimeter" (Items 41 and 42) and "SAME" recorded under "SLM" (Items 54 and 55).

POST-SURVEY (See the back of the OSHA Form 92)

If the same SLM was used for all the employee exposure data, enter the following information on the first form used and enter a page reference in Item 57 of the SLM block on subsequent forms used in that day's survey to indicate where the post-survey SLM calibration data can be found. If compliance personnel use the Cal/OSHA Form 1E, all pertinent information must be transferred to the OSHA Form 92.

NOTE: If any single item is the same for all pre and post-survey calibrations, enter it once on the first form used and draw a slash through that item on additional forms.

56. Calibrator SN

Enter the serial number(s) of the calibrator(s) used to calibrate this SLM. Include the manufacturer's name if different from that of the SLM.

If the same calibrator was used for the pre-survey calibration (Item 51), draw a slash through this item.

57. Location/T & BP

If the SLM is calibrated in the office, enter "OFFICE." If calibrated elsewhere, record the address of the location at which the calibration is performed. Include barometric pressure and temperature, when necessary.

NOTE: If all the SLMs are calibrated at the same location, the address should be noted on the first form used and a slash drawn through this item on subsequent forms. If the pre- and post-survey calibrations were both done at the same location, draw a slash through this item, but enter the temperature and barometric pressure, if needed, on the first form used.

58. Results

Enter the results of the post-survey SLM calibration in the chart provided. It is only necessary to calibrate the SLM at 1000 Hz; the other listed frequencies are optional.

59. Initials

The person performing the post-survey calibration must certify that standard calibration procedures have been followed by initialing the form in this space.

60. Date/Time

Enter the date and time of the post-survey SLM calibration.

61. Job Description, Operation, Work Location(s), Ventilation and Controls

Enter a detailed description of the work environment of the surveyed employee. Include all pertinent information about the work being performed, such as the operation, the equipment associated with the hazard (including identifying numbers), and the work location(s). Include information such as the employee's activities during non-survey periods when it might affect the exposure, general observations of work practices and environment, unusual events which compliance personnel

observe. Be sure to include observations on the following when they affect exposure or the issuance of a citation:

- a. Employee comments, recorded verbatim if possible, on the exposure (including how long they have worked at the job and the frequency of their exposure to the hazard) or the employer's health and safety program. Be sure to include notes on symptoms exhibited or mentioned by the employee.
- b. Typical production rate, rate on day of survey, machine speed, specific item being made, etc.
- c. Source of exposure.
- d. Reference to all pages with additional sampling data (either OSHA's or the employer's) related to this exposure, e.g., data furnished by the employer.
- e. Reference to all pages with documentation of records related to this exposure, e.g., results of audiometric testing.
- f. Engineering and/or administrative controls, present and feasible.
- g. Employer knowledge of the hazard.
- h. Other employer information. If the employer neither created nor controlled the hazardous condition, state the name of the responsible party and its relationship to the employer.

Cont'd. When the case file has been organized and the pages numbered, enter the case file page number(s) in the "Cont'd" box to indicate where any continuation page for this job description can be found. This is not necessary if the continuation page directly follows the survey form.

Attachments:

A -- [OSHA 92 Page One](#) [OSHA 92 Page Two](#)

B -- [When To Submit an OSHA Form 92 to OMDS](#)