** HEARING CONSERVATION PROGRAM**

**PURPOSE**

To ensure that all affected employees of MS Companies are protected from hearing loss during work operations..

This procedure is also intended to inform all interested persons that MS Companies is complying with the OSHA Occupational Noise Exposure Standard, Title 29 Code of Federal Regulations 1910.95.

**SCOPE**

This procedure applies to all Company personnel.

Protection against noise exposure will be provided when the sound levels equal or exceed a Time Weighted Average (TWA) of 85 decibels.

Engineering and/or administrative controls will be implemented to keep exposure levels below the allowable limit. When these controls are unable to reduce the noise level to within acceptable limits, Personal Protective Equipment will be provided.

In all cases where the sound levels exceed a TWA of 85 decibels or the value listed in Figure 1, “Permissible Noise Exposures”, a continuous and effective hearing conservation program will be administered.

**DEFINITIONS:**

*Attenuation* – The reduction in effectiveness of hearing protection between the laboratory NRR rating and the employee on the floor due to work-related movement and actions.

*Duration* - the time of exposure; the longer the exposure, the greater the potential for hearing loss.

*Noise Intensity* - the sound pressure level measured by a noise dosimeter. It is the loudness of the noise.

*Noise Frequency* - the measurement of pitch. The high frequencies are more damaging than the low frequencies.

*Threshold Limit Value (TLV)* - a unit of measure established by the American Conference of Industrial Hygienists to determine levels of noise exposure.

*Time Weighted Average (TWA)* - the average workplace exposure to any hazardous contaminant (including noise) using the baseline of an 8 hour per day or 40 hours per week work schedule.

1. **General**
	1. Federal regulations require that all employees use protective devices such as earplugs or earmuffs whenever they are exposed to excessive noise levels.
	2. Personal protection shall be provided in the form of earplugs or earmuffs. Enforcement of their use is a requirement for a good hearing conservation program.
2. **Responsibilities**
	1. The Company is responsible for to ensure adequate hearing protectors are provided to employees by the contract employer when required by noise levels.
	2. The Company Human Resources Manager and/or Workers Compensation Specialist is responsible for
		1. Determining which locations fall under this program.
		2. Implementing and enforcing this program.
		3. Administering and monitoring this program.
		4. Keeping all records required by this program.
	3. The immediate supervisor is responsible for execution and performance of this procedure.
3. **Procedure**
	1. Hearing protection devices shall be worn by employees working in an area where the sound level is at or above 85 dBA as reflected on the “A” scale of a noise dosimeter.
	2. High noise level areas shall be posted to warn employees and instructions shall be given to those who are going to work in or around such areas.
	3. Permissible exposure limits for exposure to continuous noise levels has been established by the Occupational Safety and Health Administration (OSHA). It takes into consideration the time weighted average of exposure at various sound levels as follows:

|  |  |
| --- | --- |
| **DURATION (hrs./day)** | **SOUND LEVEL (dBA)** |
| 8 | 85 |
| 4 | 90 |
| 2 | 95 |
| 1 | 100 |
|  | 105 |
| 1/4 | 110 |
| 1/8 | 115 |
|  | (Maximum permitted) |

* 1. Exposure to impact noises shall not exceed the limits as follows:

|  |  |
| --- | --- |
| **SOUND LEVEL (dB)** | **PERMITTED # OF IMPULSES** **OR IMPACTS PER DAY**  |
| 140 | 100 |
| 130 | 1,000 |
| 120 | 10,000 |

 No exposure in excess of 140 decibels peak sound pressure level is permitted.

* 1. Impulsive or impact noises are considered to be those variations in noise levels that involve maximum at intervals greater than one per second. When the intervals are less than one second, the noise levels are considered continuous.
1. **Testing**
	1. MS Companies employees who are covered by this program will be tested in one of the following ways:
		1. They will be included in the Contract Employers annual audiometric testing & training.
		2. They will be sent to a designated site for testing on a Mobile Test Van.
		3. They will be sent to a designated local office for testing.
	2. Baseline audiogram will be obtained within six months of an employee being assigned to an area with a noise level >85 decibels. Testing will establish a baseline and is to be taken by an employee with at least 1 1/2 hours without exposure to work place noise. Hearing protectors may not be used as a substitute for this requirement.
	3. Annual hearing tests will be conducted in accordance with baseline testing procedures.
	4. In the event of a Standard Threshold Shift (STS), employees will be provided with the Employee Questionnaire (Attachment A) and sent for re-testing within 30 days.
2. **Training**
	1. Information provided in the training program will be updated to be consistent with changes in protective equipment and work processes.
	2. Annual training for employees exposed to noise at or above the TWA of 85 decibels to include information listed below:
		1. The effects of noise on hearing.
		2. The purpose of hearing protectors.
		3. The advantages, disadvantages, and attenuation of various types.
		4. Instructions on selection, fitting, use, and care.
	3. The purpose of audiometric testing and an explanation of test procedures.
3. **Records**
	1. Employee audiometric test records shall be retained for the duration of the affected employee's employment.
	2. Employee training records will be kept for at least a period of 3 years.
4. **Program Availability**
	1. A copy of this program will be made available upon request to employees, their designated representatives, and OSHA.
5. **Attachments:**
	1. Attachment A - Employee Questionnaire

**EMPLOYEE QUESTIONNAIRE:**

# INVESTIGATION OF HEARING SHIFT

Your most recent hearing test shows a decrease in your hearing ability when compared to the baseline test. Protection of your hearing is important to you, your family and to us. In an attempt to determine the reason for the change in hearing, more detailed information is needed. Please answer the following questions:

# EMPLOYEE NAME: DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMPLOYEE ID: DATE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK HISTORY AND NOISE EXPOSURE**

List the jobs you have held and the type of hearing protection used over the course of your employment at this company. Follow the example below and start with your current job and list the jobs you held before now.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time in position Mo/Year to Mo/Year** | **Department** | **Job** | **Shift Length (hours)** | **Hearing Protection Used?** | **Hearing Protection Make and Type** |
| ***EX: 1/2019 to 6/2019*** | ***Quality*** | ***Sorting*** | ***8*** | ***Yes*** | ***Yellow foam plug*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# HEARING PROTECTION DEVICE (HPD)

|  |  |
| --- | --- |
| Have you been trained on how to wear your hearing protection? | Yes No |
| Do you feel confident you are using hearing protection properly? | Yes No |
| Do you have any problems wearing hearing protection? | Yes No |
| If yes, please explain: |

**NOISE EXPOSURE AWAY FROM WORK**

Complete this information about activities you do when you are NOT at work.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Frequency/Duration** | **HPD Used?** | **Type of HPD** |
| Tractors/farm equipment | Yes No |  | Yes No |  |
| Wood or Metal Working | Yes No |  | Yes No |  |
| Chain saw/grinder | Yes No |  | Yes No |  |
| Car racing | Yes No |  | Yes No |  |
| Snowmobiles/motorcycles | Yes No |  | Yes No |  |
| Musician/earphones | Yes No |  | Yes No |  |
| Other | Yes No |  | Yes No |  |
| **Firearm Use** | **Approx # of rounds fired per year?** | **HPD used?** | **Right or Left Handed Shooter?** |
| Hunting | Yes No |  | Yes No |  Right Left  Either |
| Target Shooting | Yes No |  | Yes No |  Right Left  Either |
| Type of firearms used: |  |
| How many years have you used firearms? | When was the most recent time? |

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# MILITARY SERVICE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates of Military Service** | **Branch** | **Exposed to hazardous noise?** | **Describe Noise Exposure** | **HPD used?** | **Type of HPD** |
|  |  | Yes No |  | Yes No |  |
|  |  | Yes No |  | Yes No |  |

**SECOND JOB/OTHER NOISE HISTORY**

|  |  |  |
| --- | --- | --- |
| Do you currently hold another noisy job? | Yes No | If yes, do you wear hearing protection? Yes No |
| Have you ever been exposed to a suddenblast of sound without hearing protection? | Yes No | If yes, please explain: |

**MEDICAL HISTORY**

Have you ever had the following conditions?

|  |  |
| --- | --- |
| **Past Conditions** | **If yes, when?** |
| High blood pressure | Yes No |  |
| Diabetes | Yes No |  |
| Kidney infection/disease | Yes No |  |
| Viral infection | Yes No |  |
| Sinus infection | Yes No |  |
| Dizziness | Yes No |  |
| Traumatic head injury or skull fracture | Yes No |  |
| Have you taken any medications that were harmful to your hearing? (large doses of aspirin, quinine,high doses of antibiotics, etc.) | Yes No |  |
| Have you had chemotherapy? | Yes No |  |
| Is there a history of hearing loss in your family? | Yes No |  |
| Ear infection | Yes No  Right Left  Both |  |
| Sudden drop in hearing | Yes No  Right Left  Both |  |
| Have you seen a doctor for an ear problem? | Yes No  Right Left  Both |  |
| If yes, please explain: |
| Have you had an ear-related disease? | Yes No  Right Left  Both |  |
| If yes, please explain: |
| **Current Conditions** |  |
| Ear pain | Yes No  Right Left  Both |  |
| Severe ringing in the ears | Yes No  Right Left  Both |  |
| Discharge from ears | Yes No  Right Left  Both |  |
| Full feeling in the ears | Yes No  Right Left  Both |  |
| Excessive ear wax (ear canal blocked) | Yes No  Right Left  Both |  |
| Other condition (explain): |
| What do you believe caused your hearing loss? |

***I verify that this information is true, to the best of my knowledge.***

# COMPANY: NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  DATE: SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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