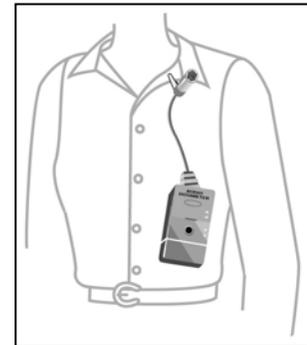


<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
<b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	DATE <b>02-01-06</b>
	PAGE <b>1</b> OF 12
SUBJECT: <b>Noise Measurement Principles: Personnel Dosimetry</b>	

## Contents

- 1.0 Purpose/Scope**
- 2.0 Responsibilities**
- 3.0 Definitions**
- 4.0 Prerequisites**
- 5.0 Precautions**
- 6.0 Procedure**
- 7.0 Implementation & Training**
- 8.0 References**
- 9.0 Attachments**
- 10.0 Documentation**



### **1.0 Purpose/Scope**

This procedure provides a standardized method for conducting personnel exposure assessment surveys with noise dosimeters. It should be used in conjunction with the SBMS Subject Area *Noise and Hearing Conservation* and an *Instrument Operation* procedure in the series IH96XXX.

Generally, all employee exposure assessments should be made with a noise dosimeter for a full shift. A dosimeter logs the exposure of the worker as they move through the work area. The microphone of the dosimeter is clipped on the workers collar and closely represents the actual exposure of the ear to the noise source. Logged exposure data is compared to occupational exposure limits to determine compliance with hearing conservation regulations.

An area survey meter (sound pressure level meter) should be used to determine area noise levels. While many dosimeters can be used as survey meters, SPL meters designed as precision area survey meters offer more features (such as impact/impulse capturing) and should be used for area surveys. Survey meters are typically used for conducting noise surveys to determine the need for area warning posting, locate problem-noise sources, and measuring the effectiveness of engineering controls.

SPL Meters are typically used in conjunction with dosimeters to provide additional

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
<b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	DATE <b>02-01-06</b>
	PAGE <b>2</b> OF 12
SUBJECT: <b>Noise Measurement Principles: Personnel Dosimetry</b>	

information on the relationship between noise exposure and specific tasks as well as to verify dosimeter operation. Area survey meters are to be used in accordance with the appropriate IH SOP.

## 2.0 Responsibilities

- 2.1 Personnel that perform exposure monitoring with this procedure are responsible to follow all steps in this procedure.
- 2.2 The data collected using this meter must have an appropriate evaluation of the hazard and risk by a skilled Industrial Hygiene professional.

## 3.0 Definitions

- 3.1 *Decibel (dB)*: A non-dimensional unit used to express sound pressure levels. It is the log of the ratio of the measured sound pressure level to a reference level.
  - *dB(A)*: A sound pressure level in decibels made on the A-scale of a sound level meter. This unit of measure approximates the response of the human ear.
  - *dB(C)*: Sound pressure based on a nearly flat, non-weighted scale.
- 3.2 *Dose*: A percentage of the maximum allowable noise that a worker can be exposed to per day. This is a computation that is based on the following variables: Criterion Level, Lower Threshold, and the Exchange Rate. Allowable dose is 100%.
- 3.3 *Impulse or Impact Noise Levels*: Variations in noise levels that involve peak levels spaced at periods of greater than one per second. Where the intervals are less than one second, it should be considered a continuous noise source.
- 3.4 *Occupational Exposure Limit (OEL)*: The maximum time weighted average (TWA) exposure permitted for employee exposure, based on the lesser of the OSHA Permissible Exposure Limits (PEL) or ACGIH Threshold Limit Value (TLV):

OSHA's current exposure levels are calculated on a 5 dB doubling rate, whereas ACGIH utilizes a 3 dB doubling rate (for each drop of 3 dB in the average noise measurement double the allowable work time). BNL follows the most protective OEL.

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division  <b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
SUBJECT:  <b>Noise Measurement Principles:                  Personnel Dosimetry</b>	DATE <b>02-01-06</b>
	PAGE <b>3 OF 12</b>

Table A: OSHA PEL & ACGIH TLV:

Duration/Day			OSHA PEL (dBA)	ACGIH TLV (dBA)
Hours	Minutes	Seconds		
24	1440			80
16	960			82
8	480		90	85
4	240		95	88
2	120		100	91
1	60		105	94
½	30		110	97
¼	15		115	100
1/8	7.5			103
	3.75			106
	1.88			109
	0.94			112
		28		115
		14		118
		7.03		121
		3.52		124
		1.76		127
		0.88		130
		0.44		133
		0.22		136
		0.11		139

\*No exposure to continuous or intermittent noise levels in excess of 140 dBC peak should be allowed

## 4.0 Prerequisites

### 4.1 Steps prior to using this procedure:

- 4.1.1 Training for hazards other than noise may be needed for entry into restricted areas (check with ESH Coordinator or FS Representative for the facility).
- 4.1.2 Noise and Hearing Conservation Training and a Baseline audiogram is needed if the exposure to the person performing the survey will be in excess of the OSHA Action Level or ACGIH Threshold Limit Value (TLV), which ever is less (see Table A).

### 4.2 Area Access:

- 4.2.1 Contact the appropriate Facility Support Representative or FS Technician to obtain approval to enter radiological areas.
- 4.2.2 Verify with the appropriate Facility Support Representative or FS Technician if a Work Permit or Radiological Permit is needed or is in effect. If so, review and sign the permit.
- 4.2.3 Use appropriate PPE for area (ear muff or plugs (or both) if the area is >85dBA..

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
<b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	DATE <b>02-01-06</b>
	PAGE <b>4</b> OF 12
SUBJECT: <b>Noise Measurement Principles: Personnel Dosimetry</b>	

## 5.0 Precautions

### 5.1 Hazard Determination:

- 5.1.1 The operation of a noise dosimeter does not cause exposure to any chemical, physical, or radiological hazards. The meters do not generate Hazardous Waste.
- 5.1.2 By its very nature, a noise dosimeter may be used in areas where excessive noise levels exist or are suspected to be present. Exposures to noise levels above the PEL and/or TLV may cause temporary or permanent hearing loss.
- 5.1.3 The meters used in this procedure are light less than 2 pounds (1Kg) and do not pose an ergonomic hazard.
- 5.1.4 The monitor will ensure that the wire from unit to microphone is placed close to the body to prevent entanglement or interfere with the workers activities.

### 5.2 Personal Protective Equipment:

- 5.2.1 In areas where noise levels exceed 85dBA, hearing protection should be worn. The hearing protection should be able to reduce the noise levels below 85dBA. See IH96150 Attachment 9.2 for Guidance on Hearing Protection Devices and their protection factors (Noise Reduction Ratio, NRR).
- 5.2.2 Additional PPE: Other appropriate PPE for hands, feet, skin, head, or eyes may be needed for the area being entered. Check with your FS Representative.

## 6.0 Procedure

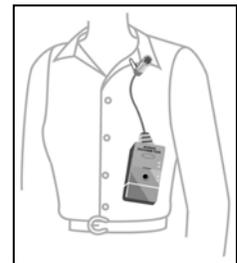
- 6.1 **Preparation of the worker to be monitored and the person conducting the monitoring:** Unless all work areas the worker will be in are known to be less than 85dBA, have the worker wear ear plugs or muffs during the sampling period. If the person conducting the sampling will also spend any time in an area above 85dBA, wear ear muffs or plugs during sampling.
- 6.2 **Operate the meter as per the BNL Instrument Operation SOP.**
  - 6.2.1 Perform a Battery Check prior to use.
  - 6.2.2 Warm-up the meter as per the Instrument Operation SOP.

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
<b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	DATE <b>02-01-06</b>
	PAGE <b>5</b> OF 12
SUBJECT: <b>Noise Measurement Principles: Personnel Dosimetry</b>	

6.2.3 Pre-calibrate (i.e. single point operational accuracy check) the meter as per the Instrument Operation SOP. BNL requires daily calibration to a portable calibrator. Daily calibration serves as a Bump check of the meter operation pre and post testing.

6.2.4 **Dosimeter Setting:** The dosimeters are pre-set in the IH lab to calculate both OSHA and ACGIH exposure data.

6.2.5 **Microphone placement:** The microphone must be attached to the worker near the ear (on the collar) and attached in the position prior to starting the meter logging of exposure. This will reduce false impact noise signals that occur when handling the microphone.



6.2.6 Monitoring should be conducted in accordance with the directions of the responsible IH professional designated to assess the noise exposure. This should include observations of the tasks and documentation of SLM readings at various locations during the monitoring period. Whenever possible, full-shift monitoring will be conducted. The IH professional will determine the extent of daily monitoring in reference to known exposure levels.

6.2.7 Policy on monitoring during lunch breaks (30 –60 minutes) and short breaks (10-20 minutes):

6.2.7.1 During short breaks: The meter should be worn by the worker and left logging even if the worker leaves the noise area. If removed from the worker, the meter needs to be placed in the *pause mode* before handling the microphone.

6.2.7.2 During lunch breaks:

- The meter should be placed in the *pause mode* and may be removed from the worker. The worker may wear the meter from the noise area but it must be put into *the pause mode*.
- The meter should never be removed from the worker and left logging in the noise area.
- Prior to return to work, the meter will be re-positioned on the worker before restarting the data logging.

6.2.7.3 Record the status of the placement and logging of the meter during

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
<b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	DATE <b>02-01-06</b>
	PAGE <b>6</b> OF 12
SUBJECT: <b>Noise Measurement Principles: Personnel Dosimetry</b>	

breaks on the appropriate field documentation form.

### 6.3 Recording readings:

- 6.3.1 Use the BNL monitoring form as directed by the specific instrument SOP to record readings.
- 6.3.2 Return meter and original sampling form to the SHSD IH Laboratory.
- 6.3.3 Post-calibrate (i.e. single point operational accuracy check) the meter as per the Instrument Operation SOP.
- 6.3.4 Download the dosimeter data at the IH Lab and keep a copy of the printout with the field form.

### 6.3 Results interpretation:

- 6.3.1 A competent person should write a hazard evaluation report that evaluates the survey data and summarizes the potential for occupational exposure and compliance with OSHA and ACGIH Occupational Exposure Limits.
- 6.3.2 Ensure the hazard evaluation report is sent to the IH Laboratory, included in the ESHQ Directorate Recordkeeping system and copied to other responsible individuals as directed by the IH reporting procedures (IH60500).
- 6.3.3 All monitored employees, and other employees represented by the monitoring, are to be notified in accordance with the IH reporting procedures including the results; evaluation of exposure levels and corrective actions as necessary.

## 7.0 Implementation and training

- 7.1 Use of this SOP and an Instrument Operation SOP for a particular meter is limited to person who act under the direction of a competent hazard assessment person and who have demonstrated the competency to satisfactorily use the procedure and meter, as evidenced by experience and training. All persons must have met the qualification criteria set for IH96 Noise Assessor in *IH50300 BNL IH Program and IH Group Training & Qualification Matrix*.
- 7.2 Personnel are to document their training using the Attachment 9.2 *Job Performance Measure Completion Certificate*. Qualification on this JPM is required on a 3 year basis, providing the professional is monitoring noise sources frequently.

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division  <b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
SUBJECT:  <b>Noise Measurement Principles:                  Personnel Dosimetry</b>	DATE <b>02-01-06</b>
	PAGE <b>7</b> OF 12

7.3 Noise and Hearing Conservation Training and a Baseline audiogram may be needed if the exposure to the person performing the survey will be in excess of the OSHA Action Level or ACGIH Threshold Limit Value (TLV), which ever is less.

## 8.0 References

- 8.1 BNL SBMS Subject Area *Noise and Hearing Conservation*
- 8.2 OSHA Noise/Hearing Conservation Standard 29CFR1910.95.
- 8.3 NIOSH Criteria for a Recommended Standard-Occupational Noise Exposure, 1998
- 8.4 ACGIH American Conference of Governmental Industrial Hygienists Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices.
- 8.5 ANSI S1.13: Methods for the Measurement of Sound Pressure Levels.

## 9.0 Attachments

- 9.1 BNL Program Administrator Guidance on Hazard Assessment and Exposure Monitoring
- 9.2 *Job Performance Measure*
- 9.3 *Employee Notification Form*

## 10.0 Documentation

Document Development and Revision Control Tracking		
<b>PREPARED BY:</b> <i>(Signature and date on file)</i> <b>R. Selvey</b> <b>Author</b> <b>Date 03/13/01</b>	<b>REVIEWED BY:</b> <i>(Signature and date on file)</i> <b>J. Peters</b> <b>SHSD IH Group</b> <b>Date 03/13/01</b>	<b>APPROVED BY:</b> <i>(Signature and date on file)</i> <b>R. Selvey</b> <b>SHSD IH Group Leader</b> <b>Date 03/13/01</b>
ESH Coordinator/ Date:  <i>none</i>	Work Coordinator/ Date:  <i>none</i>	SHSD Manager / Date  <i>none</i>
QA Representative / Date:  <i>none</i>	Training Coordinator / Date:  <i>none</i>	Filing Code:  <b>IH52.05</b>

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 Before using a printed copy, verify that it is current by checking the document issue date on the website.

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division  <b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
SUBJECT:  <b>Noise Measurement Principles:          Personnel Dosimetry</b>	DATE <b>02-01-06</b>
	PAGE <b>8 OF 12</b>

Facility Support Rep. / Date:  <i>none</i>	Environ. Compliance Rep. / Date:  <i>none</i>	Effective Date:  <b>03/13/01</b>
ISM Review - Hazard Categorization <input type="checkbox"/> High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low/Skill of the craft	Validation: <input type="checkbox"/> Formal Walkthrough <input type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date:	IMPLEMENTATION: Training Completed: n/a Procedure posted on Web: 02/01/06 Hard Copy files updated: 02/01/06

Revision Log		
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input type="checkbox"/> none of the above Section/page and Description of change: Add Attachment 8.1 Noise Dosimetry Form and 8.2 IH Noise Database Entry Form and text on each.		
(Signature on file) R. Selvey 03/19/01 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input type="checkbox"/> none of the above Section/page and Description of change: Referred to IH96150 for NRR calculations in 5.2.1. Revised with ACGIH TLV for 24 hrs. Verified new 2001 ACGIH TLVs.		
(Signature on file) R. Selvey 05/08/01 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input type="checkbox"/> none of the above Section/page and Description of change: Clarified wording on pre and post calibration to reinforce policy in IH51660.		
(Signature on file) R. Selvey 06/08/01 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input type="checkbox"/> none of the above Section/page and Description of change: Added section 6.1.7 to set policy for monitoring during short breaks and lunch.		
(Signature on file) R. Selvey 08/31/01 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input type="checkbox"/> none of the above Section/page and Description of change: Revised format in Section 7. Updated references to SBMS.		
(Signature on file) R. Selvey 04/09/04 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division  <b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
SUBJECT:  <b>Noise Measurement Principles:                  Personnel Dosimetry</b>	DATE <b>02-01-06</b>
	PAGE <b>9 OF 12</b>

Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Revised content of Section 7. Edited Attachment 9.3.		
(Signature on file) R. Selvey 07/14/04 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Emphasized full-shift monitoring; deleted Attachments 9.2-9.4; revised Attachment 9.1; added Dose definition; revised reporting to comply with IH SOP on report prep; and added requirement to wear hearing protection if above 85 dBA at any time.		
(Signature on file) J. Peters 06/16/05 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Included requirements in Section 6.1.7 to monitored worker and (SEG) to wear HPDs during monitoring in an uncharacterized area. Protection should continue until a cognizant IH professional determines acceptable exposure levels.		
(Signature on file) J. Peters 8/8/05 SME Reviewer/Date:	(Signature on file) R. Selvey 08/15/05 Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Revised Section 7 on Training. Added Attachment 9.2 JPM.		
R. Selvey (signature/date on file) SME Reviewer/Date: 11/02/05	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Added Attachment 9.3, originally in IH96200.		
R. Selvey (signature/date on file) SME Reviewer/Date: 11/18/05	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Added corrected precaution for OSHA Action Level, not PEL, as the trigger for medical surveillance and PPE in 2.4 and 7.3. Added 6.1 step requiring PPE, and removed step 6.1.7.		
R. Selvey (signature/date on file) SME Reviewer/Date: 02/01/06	Reviewer/Date:	Reviewer/Date:

<b>BROOKHAVEN NATIONAL LABORATORY</b> Safety & Health Services Division	NUMBER <b>IH96250</b>
	REVISION <b>FINAL rev10</b>
<b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Field Procedure	DATE <b>02-01-06</b>
	PAGE <b>10</b> OF 12
SUBJECT: <b>Noise Measurement Principles: Personnel Dosimetry</b>	

## Attachment 9.1

### BNL Program Administrator Guidance on Hazard Assessment and Exposure Monitoring

#### 1.0 Area Surveys:

- 1.1 Assessment of noise areas (and equipment) shall be accomplished by means of Sound Level Meters (SLM). Selection of the appropriate type of equipment shall conform to specifications established in SHSD IH Group IH96 series SOPs and to the requirements cited in OSHA and ANSI standards.
- 1.2 All equipment shall be calibrated as per IH51600 and the specific instrument SOP.
- 1.3 Initial assessments should be done at the installation and start of operation for any equipment that has not been previously evaluated by measurement.
- 1.4 Surveys should be re-done, optimally on an annual basis, but at no more than a three-year interval.
- 1.5 Surveys should be re-done if equipment or operation changes are made that could affect the noise level.
- 1.6 SLMs should not be used to determine personal exposures except in unique circumstances, which should be pre-approved by the IH Professional. Typically they do not provide representative measurements of worker exposure due to:
  - 1.6.1 variation of the noise levels within the areas workers occupy during typical work activities
  - 1.6.2 variation in the noise level dependent on the time of the work shift, or
  - 1.6.3 work activities that require the employees to be highly mobile and enter and leave the exposure area.

#### 2.0 Personal Noise Dosimetry:

- 2.1 Personal Hearing Protection Devices should be worn by the worker and others in the SEG until a cognizant IH professional determines that exposures are acceptable.
- 2.2 Dosimeters shall be used to measure employee time weighted average exposure for compliance monitoring.
- 2.3 Place on the worker as close to the hearing zone as is reasonably achievable.
- 2.4 Operate for the employee's full shift.
- 2.5 Monitored duties should be documented and represent typical activities.
- 2.6 Settings will be pre-set by the IH lab to document both OSHA and ACGIH exposure data.
- 2.7 Unusual or infrequent events should be monitored as well as those events considered by employees to have high noise exposures.

**Noise and Hearing Conservation**  
**Noise Dosimetry Principles**

**Job Performance Measure (JPM) Completion Certificate**

Candidate's Name	Life Number:
------------------	--------------

Criteria	Qualifying Performance Standard	Unsat.	Recov.	Satisf.
1. Hazard Analysis	Understands the need to perform a hazard analysis of the area and potential exposure to the self as sampler and workers in the area.			
2. Personal Protective Equipment	Understands the need to be aware of the potential surface contamination, airborne levels of contaminants, radiological hazards, and noise hazard. Knows how to determine the need for PPE.			
3. Sampling Equipment	Knows where equipment needed for this and other procedures is located and how to properly sign it out.			
4. Pre-Testing Inspection	Understands the need to verify that the system to be monitored is operational and represents typical operation. Makes notation in sampling record if the operating conditions are atypical.			
5. Conducts appropriate interviews	Demonstrates knowledge in setting up and conducting monitoring with input from supervision and workers to determine exposure characteristics. Demonstrates knowledge of obtaining a work log during sampling.			
6. Investigation techniques	Has knowledge of the various measurement techniques- area survey, octave band analysis, and dosimetry and describes the appropriate time to use each and their advantages and limitations.			
7. Conducts hazard assessment	Demonstrates knowledge in setting up dosimeters to determine exposure potential in the work operations.			
8. Equipment Use	Demonstrates how and where to attach the dosimeter to the worker and when to turn on the meter.			
9. Equipment Use	Describe the approach in meter logging to be used for breaks, lunch, and early, unplanned ending of work or the noise source operation.			
10. Documentation	Understands how to correctly fill out IH forms, transfers to IH databases, prepare an evaluation assessment report (including an evaluation of the relationship of the exposure to occupational exposure limits), and notify workers and management of the results.			

**Other Pertinent Training**

Supplier	Course Title/Description	Date

I accept the responsibility for performing the tasks as demonstrated within this JPM and the corresponding SOP.

Candidate Signature:	Date:
----------------------	-------

I certify the candidate has satisfactorily performed each of the above listed steps and is capable of performing the task unsupervised.

Evaluator Signature:	Date:
----------------------	-------

<b>Date Results Received:</b>	Date Notification Due:	<b>Date Notification Completed:</b>
Date of Sampling:	Work Location:	
Work Being Conducted:		
<b>Sample</b>		
<b>Exposure in Compliance with ACGIH &amp; OSHA</b>	Refer to SHSD SOP Web Page for the current version of this form	<b>Exposure Exceeds Standards (ACGIH or OSHA)</b>
Review of this data indicates exposure levels were <b>in compliance</b> with regulatory limits. The employees represented by this exposure monitoring were informed of the results by: Print Name: Notifier's Signature:	Review of this data indicates ambient levels were above a regulatory level. Worker's personal protective equipment was sufficient. Employees represented by this exposure were informed of the results and corrective actions by: Print Name: Notifier's Signature:	Review of this data indicates exposure levels were <b>ABOVE</b> a regulatory limit. The employees represented by this exposure monitoring were informed of the results and corrective actions by: Print Name: Notifier's Signature:

Hazard: <b>NOISE</b>				
Employee Name/ BNL ID #'s	Calculated Exposure Without PPE Protection	Calculated Exposure With PPE Protection	OSHA Occupational Exposure Limits	ACGIH Occupational Exposure Limits
		a. Real time Exposure= b. TWA <sub>8</sub> =	a. Real time Exposure= b. TWA <sub>8</sub> =	PEL = 90 dBA
			PEL = 90 dBA	TLV = 85 dBA
			PEL = 90 dBA	TLV = 85 dBA
			PEL = 90 dBA	TLV = 85 dBA

PEL = Permissible Exposure Limit    TLV = Threshold Limit Value    Real time Exposure= Noise Level during sampling

<b>Corrective Actions Required when Personal Exposure is Above Occupational Exposure Limit(s)</b>	
Corrective Action Needed (Substitution, Engineering Controls, Administrative Controls, PPE):	Implementation Due Date:

Who received a copy of this form: *Write in the name*

Worker:
Worker:
Worker:
Worker:

Supervisor:
IHG:
OMC:
FS Rep:

ESH Coordinator:
Other:
Other:
Other:

Return this form to the **Industrial Hygiene Group (Building 120)**  
as soon as employee notification is made.