Hearing Conservation Program Noise Dosimetry Mapping Log

1.0 Form Objective & Regulatory Context

This Noise Dosimetry Mapping Log is designed to document and track noise exposure levels across designated work areas in industrial and manufacturing facilities. It satisfies the requirements of WorkSafeBC Part 7 (Noise Exposure) and CSA Z94.2-14 (Hearing Protection Devices – Selection, Care, and Use) by providing a systematic method for recording dosimetry readings, identifying high-noise zones, and supporting the Hearing Conservation Program.

Use this log to map noise levels at specific locations, record dosimeter serial numbers, note calibration status, and document any corrective actions taken when exposure limits are exceeded. All entries must be made by a qualified noise monitor or safety professional.

2.0 Administrative Details

Date of Survey: _____

Time of Survey (Start/End): _____

Inspector Name: _____

Inspector Title: _____

Facility Name: _____

Department/Area: _____

Weather Conditions (if applicable): _____

3.0 Audit / Inspection Items

☐ Pass ☐ Fail - Verify dosimeter is calibrated per manufacturer specifications and within current calibration date.

☐ Pass ☐ Fail - Record dosimeter make, model, and serial number.

☐ Pass ☐ Fail - Identify and label each measurement location on a facility map or grid.

☐ Pass ☐ Fail - Measure and record the Leq (equivalent continuous sound level) in dBA for each location.

☐ Pass ☐ Fail - Measure and record the peak sound level (Lpeak) in dBC for each location.

☐ Pass ☐ Fail - Note any dominant noise sources (e.g., machinery, ventilation, tools) at each location.

☐ Pass ☐ Fail - Compare readings against WorkSafeBC action levels: 85 dBA Lex (daily noise exposure level) and 140 dBC peak.

☐ Pass ☐ Fail - Document any hearing protection zone designations based on readings (e.g., mandatory HPD area).

☐ Pass ☐ Fail - Record any employee observations or comments regarding noise exposure during the survey.

☐ Pass ☐ Fail - Ensure all data is entered into the log within 24 hours of survey completion.

4.0 Corrective Actions & Deficiencies

Location ID / Grid Reference: _____

Measured Leq (dBA): _____

Measured Lpeak (dBC): _____

Issue Description (e.g., reading exceeds action level, missing signage):
_____

Immediate Action Taken (e.g., issued hearing protection, posted warning sign):
_____

Assigned To (name/title): _____

Target Completion Date: _____

Status (Open/In Progress/Closed): _____

5.0 Sign-off & Authorization

Noise Monitor / Inspector Signature: _____ Date: _____

Safety Manager / Program Administrator Signature: _____ Date: _____

Date of Sign-off: _____ Date: _____