

**EMPLOYEE NOTIFICATION REPORT**

04/21/2003

Company: **ABC Steel Corporation** Plant: **Monument Plant** Hire date: **04/20/1993**  
 Name: **Plitt, Tyson** SSN: **099-99-9999** Shift: **2**  
 Dept: **107** Birthdate: **11/08/1966** Sex: **M**  
 Employee No: Current Test TWA: **70dB**

TEST	DATE	RIGHT EAR								LEFT EAR							
		1KR	.5K	.1K	2K	3K	4K	6K	8K	.5K	.1K	2K	3K	4K	6K	8K	
CURRENT	10/24/02	15	15	10	15	05	15	20	30	20	20	20	10	10	10		
BASELINE	06/25/93	0	0	10	15	10	15	15	20	25	20	20	20	15	15		

Audiometer: **Micro Audiometrics** Model: **Earscan** Serial: **96052** Cal: **06/25/2002**

**Current Test Information**

Ear Protection: **Plugs** Recent Noise Exposure: **0**  
 Test Type: **A**

**CURRENT AUDIOLOGICAL HISTORY**

Wear H.P. prior to test	YES	Diabetes	NO
Recently prescribed drugs	NO	Kidney disease	NO
High blood pressure	NO	Allergies/Hayfever	YES
Seen Dr. for ear problems	NO	Hearing loss in family-who?	NO
Ear, head, neck surgery	NO	Head cold today	NO
Unconsciousness/Head Injury	NO	Military service	NO
Wearing a hearing aid	NO	Noisy hobbies	NO
Mumps	NO	Loud music/Headphones	NO
Scarlet fever	NO	Previous job with loud noise	NO
Measles	NO	Trouble with hearing/loss	NO
Meningitis	NO		

**HEARING IMPAIRMENT**                      RIGHT                      LEFT  
 SPEECH RANGE (500,1K,2K)              **Normal**                      **Normal**  
 HIGH FREQUENCY (3K,4K,6K)              **Normal**                      **Normal**  
**STANDARD THRESHOLD SHIFT**    NONE                      **25 DB AVG Change**              NONE

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**DATE**                      **EMPLOYEE SIGNATURE**                      **JOB**                      **TESTER (If Applicable)**  
**I HAVE BEEN (RE)TRAINED/(RE)FITTED WITH HEARING PROTECTION.**  
**INITIAL**                      **TYPE AND SIZE** \_\_\_\_\_  
 (Required for Employees with STS)

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ANNUAL EDUCATION:  
 AN ANNUAL EDUCATIONAL PROGRAM IS REQUIRED INCLUDING TOPICS,  
 1) THE EFFECTS OF NOISE ON HEARING, 2) PURPOSE/PROCEDURE OF HEARING TEST, 3) PURPOSE  
 OF HEARING PROTECTORS, TYPES AVAILABLE, AND INSTRUCTIONS ON THEIR FIT, USE AND CARE.

\_\_\_\_\_ I HAVE RECEIVED THE ANNUAL EDUCATIONAL PROGRAM.  
**INITIAL**