

HAVS DISCUSSION RECORDING FORM

Record of Meeting/Discussion

Employee	
Payroll/Contract Number	
Home Address	
Contact Number	
Section (Roads, Streetscene etc.)	
Work Location	
Date of Meeting	
Date of OH Report	
In Attendance	

AUDIOMETRY ASSESSMENT REPORT DATED []			
Left Ear		Right Ear	
Overall Hearing Category			
Any hearing impairment?			
Audiometry to be repeated in		months time	

Proposed notes of Discussion:

- Explanation of noise categories
- Review of OH / Audiometry Report
- Review of working practices and areas of noise exposure
- Review of any dosimetry /noise sampling surveys
- Review of any hearing protection currently being used (condition / age / suitability and SNR)

Agreed Actions/Outcomes/Recommendations or Restrictions:

1. Review the contents of Health & Safety Guidance INDG 363 Noise (Individual)
2. Agree updates to Individual Risk Assessment (Individual & Line Manager)
3. Ensure hearing protection is fit for purpose and provides adequate hearing protection (Individual)

Managers Signature	
Date	
Employees Signature	

Please return to: occupationalhealth@eastdunbarton.gov.uk on completion.