



Noise Assessment Quotation Form

Name of Company:	Type of Organisation:
Address:	Brief Description of Activities:
Number of employees:	Number of departments:
Reason for assessment/survey	Tick
For an assessment of the risk to workers' hearing	
Responding to complaints	
Check compliance with exposure values / limits (2005 Regs)	
For selection of suitable hearing defenders	
Assessing the potential for noise nuisance and interference with communication	
For obtaining information in relation to compensation claims	
Processes	Description
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Are the following documents available	Tick
Workplace plan	
Floor plan	
Previous surveys	

List current controls for reducing noise exposure:

List possible sources of noise:

Preferred dates for survey (please give alternative dates):	Site Contact: Job Title: Direct phone No.: Email address:
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