

**CHECKLIST FOR IDENTIFICATION OF EXCESSIVE NOISE**

Organisation/Company Name: \_\_\_\_\_

DOSH registration number: \_\_\_\_\_

Nature of Activities/Business: \_\_\_\_\_

Work Area/Location/Plant/Process: \_\_\_\_\_

'Yes' to any of the following indicates the possibility of excessive noise.

| Excessive Noise Identification Questions  | Yes | No |
|---|-----|----|
| 1. Is a raised voice needed to communicate with someone about one meter away?   |     |    |
| 2. Do your employees notice a reduction in hearing over the course of the day?<br>Example: Need to turn up the radio on the way home, etc.  |     |    |
| 3. Are your employees using noisy powered tools or machinery?<br>Example:<br>Power tool/noisy machinery – drill, air compressor, etc.   |     |    |
| 4. Are there noises due to impacts or explosive sources?<br><br>Example:<br>(a) noise due to impact – hammer, pneumatic impact tools<br>(b) explosive source – explosive powered tools, detonators, etc.                        |     |    |
| 5. Are personal hearing protectors (PHP) used for some work?  |     |    |
| 6. Do your workers complain that there is too much noise or that they can't clearly hear instructions or warning signals?   |     |    |
| 7. Do your workers experience ringing in the ears or sound heard differently in each ear?   |     |    |
| 8. Has any employee start experiencing difficulties in hearing after working here?  |     |    |
| 9. Does any equipment have manufacturer's information (including labels) indicating noise levels greater than any of the following:<br><br>(a) peak sound pressure level of 140 dB(C)?<br>(b) sound pressure level of 82 dB(A)? |     |    |
| 10. Is the latest noise risk assessment indicates exposure to Noise Exposure Limit?   |     |    |

Assessed by: \_\_\_\_\_ (name & designation)      Verified by: \_\_\_\_\_ (employer's name)

Date: \_\_\_\_\_      Company's Stamp: \_\_\_\_\_

**SENARAI SEMAK PENGENALPASTIAN BISING BERLEBIHAN**

Nama Organisasi/Syarikat: \_\_\_\_\_

Nombor Pendaftaran JKPP: \_\_\_\_\_

Jenis Aktiviti/Perniagaan: \_\_\_\_\_

Kawasan Kerja/Lokasi/Loji/Proses: \_\_\_\_\_

'Ya' kepada mana-mana yang berikut menunjukkan kemungkinan terdapat bising berlebihan.

| Soalan Pengenalpastian Bising Berlebihan  | Ya | Tidak |
|---|----|-------|
| 1. Adakah seseorang perlu meninggikan suara semasa berkomunikasi dengan individu lain yang sejauh kira-kira satu meter?   |    |       |
| 2. Adakah pekerja anda menyedari pendengarannya berkurang sepanjang satu hari?<br>Contoh: perlu menguatkan radio ketika dalam perjalanan pulang, dll  |    |       |
| 3. Adakah pekerja anda menggunakan peralatan berkuasa atau jentera yang bising?<br>Contoh: Peralatan berkuasa/jentera bising – mesin gerudi, pemampat udara, dll  |    |       |
| 4. Adakah terdapat bising yang disebabkan oleh hentaman atau sumber letupan?<br>Contoh:<br>(a) Bising disebabkan oleh hentaman penukul, alat hentaman pneumatik, dll<br>(b) Sumber letupan peralatan berkuasa boleh letup, bahan letupan, dll |    |       |
| 5. Adakah pelindung pendengaran diri (PHP) digunakan untuk sesetengah kerja?  |    |       |
| 6. Adakah pekerja anda mengadu keadaan terlalu bising atau mereka tidak dapat mendengar arahan atau penggera amaran dengan jelas?   |    |       |
| 7. Adakah pekerja anda mengalami telinga berdesing atau mengalami perbezaan pendengaran bunyi dalam setiap telinga?   |    |       |
| 8. Adakah mana mana pekerja mula mengalami kesukaran mendengar setelah bekerja di sini?   |    |       |
| 9. Adakah mana-mana kelengkapan mempunyai maklumat pengilang (termasuk label) yang menyatakan paras bising yang lebih tinggi daripada paras berikut:<br><br>(a) paras tekanan bunyi puncak 140 dB(C)?<br>(b) paras tekanan bunyi 82 dB(A)?    |    |       |
| 10. Adakah penaksiran risiko bising terkini menunjukkan pendedahan kepada had pendedahan bising (NEL)?  |    |       |

Ditaksir oleh: \_\_\_\_\_  
(Nama & Jawatan)

Disahkan oleh: \_\_\_\_\_  
(Nama & majikan)

Tarikh : \_\_\_\_\_

Cop Syarikat: \_\_\_\_\_