

WORK-RELATEDNESS CHECKLIST

Company:		City:	State:
Name:		DOB:	
Job Title:	Noise Exposure Level (TWA): <input type="checkbox"/> check here if unknown		
Annual test date:	Retest date:		
Possible Recordability for which ear:		<input type="checkbox"/> Right ear	<input type="checkbox"/> Left ear <input type="checkbox"/> Both ears

REVIEW OF COMPANY DOCUMENTATION (see attached copies)

	NO	YES	COMMENTS
WR Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing screening history	<input type="checkbox"/>	<input type="checkbox"/>	
Job history with hrs/day	<input type="checkbox"/>	<input type="checkbox"/>	
TWA of each job held	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing protector use	<input type="checkbox"/>	<input type="checkbox"/>	
Fit checks done	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

WORK-RELATEDNESS CONSIDERATIONS

	NO	YES	COMMENTS
Has hearing loss been established?	<input type="checkbox"/>	<input type="checkbox"/>	
Are test-retest results consistent?	<input type="checkbox"/>	<input type="checkbox"/>	

Are test results valid?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing loss bilateral?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing loss symmetrical?	<input type="checkbox"/>	<input type="checkbox"/>
Does hearing loss show a notched configuration?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing loss <75 dB HL in the high frequencies?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing loss <40 dB HL in the low frequencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee's TWA exceed the "action level" (85 dBA or 50%)?	<input type="checkbox"/>	<input type="checkbox"/>

NO YES COMMENTS

Did the hearing loss occur in the first 10-15 years?	<input type="checkbox"/>	<input type="checkbox"/>
Does the hearing loss show a declining trajectory?	<input type="checkbox"/>	<input type="checkbox"/>
Are hearing complaints consistent with noise damage?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of noisy hobbies?	<input type="checkbox"/>	<input type="checkbox"/>
Do test results indicate a medical or genetic cause?	<input type="checkbox"/>	<input type="checkbox"/>
Is the employee's TWA less than the "action level" (85 dBA or 50%)?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing loss >75 dB HL in the high frequencies?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing loss >40 dB HL in the low frequencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does the hearing loss show an accelerating	<input type="checkbox"/>	<input type="checkbox"/>

trajectory?		
Does the health history indicate a medical or genetic cause?	<input type="checkbox"/>	<input type="checkbox"/>
Does the health history show a possible non-work related cause?	<input type="checkbox"/>	<input type="checkbox"/>
Are hearing complaints consistent with a medical or genetic cause?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

***Based on a review of the documentation provided by
for the purpose of recording hearing loss on the OSHA 300 log, it has been determined with a
reasonable degree of professional certainty that the probable cause of the employee's hearing
loss...***

...is work related. Record this hearing loss on the OSHA 300 log.

...is not work related. Do not record this hearing loss on the OSHA 300 log.

...cannot be determined without a diagnostic evaluation. Call 503.251.6350 to schedule an appointment for the employee at the Audiology Clinic.

Reviewed by: _____ Date: _____

Doctor of Audiology