NIOSH Sound Level Meter (SLM) Noise Monitoring Form

Employee Information

Name: _____

Department/Area: _____

Date: _____ Time: _____

Measurement Details

Location of Measurement: _____

Type of Equipment/Process Being Measured: _____

Duration of Measurement: _____

Noise Measurement Readings

Time	Instantaneous dBA	LAeq	TWA	Noise Dose (%)	Peak Level (dB)

Observations/Comments

_____

_____

_____

Recommendations (if any)

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