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## OSHA Workplace Hearing Safety and PPE Inspection Checklist

### Inspection Details

Report #: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Inspection Date: \_\_\_\_\_  
 Inspector Name: \_\_\_\_\_

### Vehicle Details

Vehicle # : \_\_\_\_\_  
 Vehicle Category : \_\_\_\_\_  
 Vehicle Name : \_\_\_\_\_  
 VIN #: \_\_\_\_\_  
 Meter Reading: \_\_\_\_\_  
 Model/Year: \_\_\_\_\_

### Hearing Conservation Program (Skip this section if 11 is Yes)

SN	Inspection Item	Note	Yes	No	NA
1	Has employee monitoring been completed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have employees received audiometric testing? (required before exposure and annually)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have employees received Hearing Conservation Training?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have hearing protectors been selected and made available for the noise hazards in the work area?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Write Comments or Remarks here:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OSHA Workplace Hearing Safety and PPE Inspection Checklist

SN	Inspection Item	Note	Yes	No	NA
6	Are employees ONLY exposed to noise below the OSHA Permissible Exposure Limits for hazardous noise?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are employees wearing hearing protection as required by signage, labels or safety plan or procedures?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	Are hazardous noise locations/equipment marked with signs or labels?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do employees have access to clean hearing protection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Do employees know when and where they are required to wear hearing protection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Has a Noise Survey been completed for the work location?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is the Noise Survey updated annually?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Is the Noise Survey updated when the noise hazards change (new heavy equipment or a new power tool is being used)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note

Overall Condition: \_\_\_\_\_

Vehicle Safe to Use: \_\_\_\_\_

Maintenance Priority: \_\_\_\_\_

Deployed: \_\_\_\_\_

\_\_\_\_\_  
Signature



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