

10 dB Standard Threshold Shift (STS) Follow-Up Form

Employee Name: _____

Company: _____

Location: _____

1. NOTIFY employee of the 10 dB STS event via ***Individual Summary Report (Graph Report) or Employee Notification Letter***. Obtain employee signature for documentation and retain documentation in the employee's file.

2. Consider a **30** day retest to be conducted in a period not to exceed **30** days from the date of the test indicating the STS. If no retest is anticipated or a 30 day retest confirms the initial 10 dB STS indication, assure that the following actions are completed:
 - A. NOTIFY employee of MANDATORY use of hearing protection if noise exposure is **85 dB** or greater (Time Weighted Average) or if required per corporate protocol.

 - B. If protection was not used previous to the STS event, assign and fit adequately attenuating hearing protection.** *Ensure a sufficient NRR (Noise Reduction Rating) to protect the employee based on the most recent noise level survey for the job or Department and that the device is undamaged. *Caution: Labeled NRRs are not consistent with real world attenuation.

 - C. If hearing protection was used previous to the STS event, review the type of hearing protection worn. List the protector type** (product name and type, i.e. Plug, muff, etc.) _____. *Ensure a sufficient NRR (Noise Reduction Rating) to protect the employee based on the most recent noise level survey for the job or Department and that the device is undamaged. *Caution: Labeled NRRs are not consistent with real world attenuation.

 - D.** Request that the employee demonstrates appropriate use, insertion (if applicable), and care of the device.

 - E.** Counsel employee on the hazards of noise (both on and off the job) and the need to implement hearing protection when exposed to potentially damaging noise sources.

Employee Signature _____ Date _____ / _____ / _____

Counseled By _____

