

## 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 \_\_\_\_\_

