



BASELINE REVISION FORM

Company Name _____

Plant Name/Number

City, State _____

Contact Person _____

We request T K Group, Inc. to reject all previous tests on file due to rehire, and use the new baseline indicated below for the following employees. This form must accompany audiograms when a request is made to revise a baseline for a rehire employee.

EMPLOYEE NAME	SSN/EMP ID	RE-HIRE DATE	NEW BASELINE DATE

Authorized Signature _____

Date _____