

**Test Refusal Form**

By signing this document, I, \_\_\_\_\_ (Employee Name)

acknowledge my voluntary refusal to participate in the Hearing Loss Prevention

Testing Program offered to me this day \_\_\_\_\_(Date)

by \_\_\_\_\_(Company Name)

in an effort to comply with (OSHA) 29 CFR 1910.95.

Signed Witness (Site Supervisor): \_\_\_\_\_