



ABN: 18 090 015 071
PO Box 47
PARA HILLS SA 5096

Mobile: 0417 896 042
Email: trevor@minus3db.com.au
Fax: 08 8396 2351
Web: www.minus3db.com.au

dd/mm/yyyy

Mr Fred Sample
YOUR COMPANY NAME
1 Your street
ADELAIDE SA 5000

Dear Mr Sample

An Occupational Noise Management Program is maintained throughout YOUR COMPANY NAME.

One phase of this program is designed to monitor the hearing status of individuals on an ongoing basis and to identify those who fall outside a predetermined range of hearing.

The results of your recent hearing test on dd/mm/yyyy indicate a shift in your threshold levels at a frequency of 3000Hz, 4000Hz or 6000Hz in either / both ears when compared with your reference test.

This is a notification of that but does not require any further action to be initiated at this stage. Your hearing, will be continued to be monitored in the future.

In order to safeguard against further deterioration of your hearing, it is essential that you always wear suitable hearing protection devices whilst working in a noisy environment.

Please discuss with your supervisor the level of noise you may be exposed to and the type of hearing protection devices that are available for your use.

Yours sincerely

A handwritten signature in blue ink that reads 'Trevor Pedler'.

TREVOR PEDLER
INDUSTRIAL CONSULTANT

Hearing Assessment Report

Minus 3dB Pty Ltd

Fred SAMPLE <div style="text-align: right; padding-right: 20px;">SA</div>	DOB: 21/07/1961 Tel: :	Age: 55 Cost centre:	Sex: Male Shift:
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Entered: 21/07/2016 Status: Permanent - Quiet environ Department: Occupation: OPERATIONS MANAGER Comments:	Commencement Date: Company: YOUR COMPANY NAME Address: 1 Your street	Years employed:
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Previous Employers

1-
2-
3-

Military service: Years
 Difficulty understanding speech:
 Comments:

Medical history (as of last test)

Noisy Hobbies: <input type="checkbox"/>	Tinnitus: <input checked="" type="checkbox"/>
Power Tools: <input type="checkbox"/>	Frequent Colds: <input type="checkbox"/>
Vertigo: <input checked="" type="checkbox"/>	Discharges: <input type="checkbox"/>
Head injury: <input type="checkbox"/>	Mumps / Measles: <input type="checkbox"/>
Surgery: <input type="checkbox"/>	Diagnosed condition: <input type="checkbox"/>

Hearing Test

Date tested: 12/08/2016 Age at test: 55
 Test Type: Monitoring test

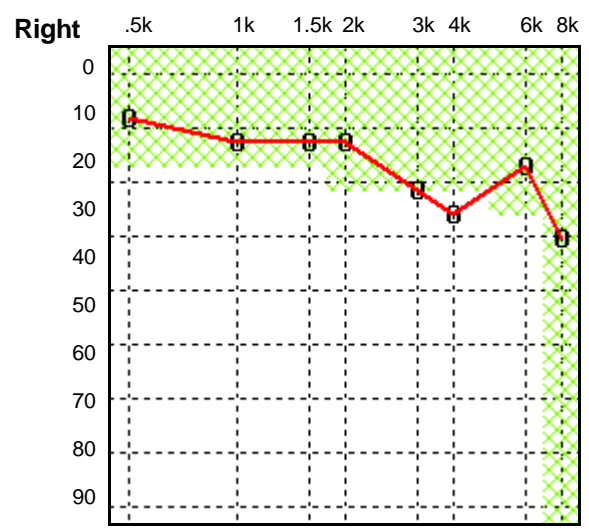
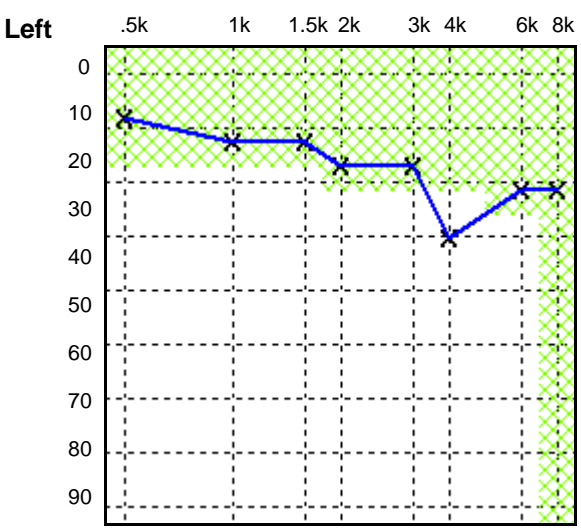
Protection worn before test:
 Protection usually worn:
 Type of protection worn:

Audiometer:
 AD226
 Cal: 06.10.2015
 SN: 0932611

Air test .5k 1k 1.5k 2k 3k 4k 6k 8k Hz

Left	10	15	15	20	20	35	25	25	dB
Right	10	15	15	15	25	30	20	35	dB

	Visual exam	Hearing Test					
Left	normal						
Right	normal						



Comments:

Actions Referred medically <input type="checkbox"/>	Further actions Next test: 12/08/2018 Next training: 12/08/2020
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Tested by: TREVOR PEDLER Approval #: Date: 12/08/2016 Signed