

## Checklist of E/OHS Activities for Hearing Conservation

Program Contact Person: Jackie Probst

Is the Hearing Conservation Plan in place? **Yes** No

Is the Plan current? **Yes** No

Has the Plan been reviewed this school year? **Yes** No

Has the school been surveyed for noise hazards? **Yes** No

Have sound level measurements been collected? **Yes** No

Have the results been documented? **Yes** No

Location: Activities Manual

Has training been scheduled or completed for affected individuals this school year?  
Yes No **N/A**

Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

Have regulatory changes occurred that may affect this program? No