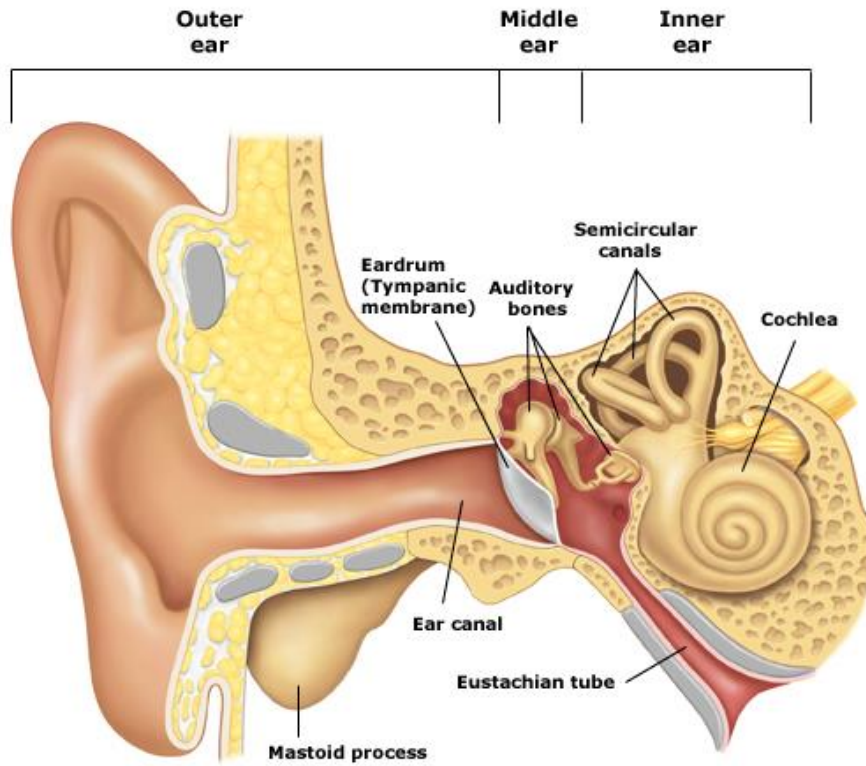


Great Western Painting Hearing Conservation



Program

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**Hearing Conservation Program
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Hearing Conservation Program

I. OBJECTIVE

The objective of the (*Great Western Painting*) Hearing Conservation Program is to minimize occupational hearing loss by providing hearing protection, training, and annual hearing tests to all persons working in areas or with equipment that have noise levels equal to or exceeding an eight-hour time-weighted average (TWA) sound limit of 85 dBA (decibels measured on the A scale of a sound level meter). A copy of this program will be maintained by all affected departments. A copy of MSHA's Hearing Conservation Standard, 30 CFR Section 62, can be obtained from the *Health and Safety Coordinator or Safety Supervisors* .

II. ASSIGNMENT OF RESPONSIBILITY

A. Management

1. Use engineering and administrative controls to limit employee exposure.
2. Provide adequate hearing protection for employees.
3. Post signs and warnings in all high noise areas.
4. Conduct noise surveys annually or when new equipment is needed.
5. Conduct annual hearing test for all active employees.
6. Conduct hearing conservation training for all new employees.
7. Conduct STS retraining and annual hearing conservation training for all active employees.

B. Employees

1. Use company-issue approved hearing protection in designated high noise areas.
2. Request new hearing protection when needed.
3. Exercise proper care of issued hearing protection.

III. PROCEDURES

A. Noise Monitoring

1. Monitoring for noise exposure levels will be conducted by **Management**. It is the responsibility of the individual departments to notify **Management** when there is a possible need for monitoring. Monitoring will be performed with the use of sound level meters and personal dosimeters at the discretion of **Management**.
2. Monitoring will also be conducted whenever there is a change in equipment, process or controls that affect the noise levels. This includes the addition or removal of machinery, alteration in building structure, or substitution of new equipment in place of that previously used. The responsible supervisor must inform **Safety and Training Superintendent** when these types of changes are instituted.

B. Employee Training

1. All employees will be required to attend training concerning the proper usage and wearing of hearing protection. The training will be conducted by **Safety Supervisors**, or a designated representative, within a month of hire, retrained if incurrence of a standard threshold shift and annually thereafter.
2. Training shall consist of the following components:
 - a. the effects of noise on hearing;
 - b. review of the MSHA hearing protection standards;
 - c. the purpose and value of wearing hearing protection;
 - d. advantages and disadvantages of hearing protection devices to be offered;
 - e. various types of hearing protection devices offered by the company, the care, fitting and use of each type;
 - f. locations within company property where hearing protection is required;
 - g. The mine operator's and miner's respective tasks in maintaining mine noise controls; and
 - h. purpose and value of audiometric testing and summary of the procedures.
3. Training records will be maintained by Safety Supervisors and forwarded to the **Health and Safety Coordinator**.

C. Hearing Protection

Management, supervisors, and employees shall properly wear the prescribed hearing protection while working or traveling through any area that is designated as a high noise area.

1. Hearing protection will be provided at no cost to employees who perform tasks designated as having a high noise exposure and replaced as necessary. It is the supervisor's responsibility to require employees to wear hearing protection when noise levels reach or exceed 85 dBA. Those employees will have the opportunity to choose from at least two different types of hearing protection.

2. Personal stereo headsets, Ipods, or "Walkmen," are not approved for hearing protection and are not permitted in any operating area of company property.

3. Signage is required in areas that necessitate hearing protection. It is the responsibility of *Superintendent's* to provide signage to the appropriate areas.

4. Prefomed earplugs and earmuffs should be washed periodically and stored in a clean area. Foam inserts should be discarded after each use. Hands should be washed before handling prefomed earplugs and foam inserts to prevent contaminants from being placed in the ear.

5. *Safety Supervisors* will keep a log of the areas or job tasks designated as requiring hearing protection, as well as the personnel affected by this Hearing Conservation Program. (see Attachment B).

D. Audiograms/Hearing Tests

1. Employees subject to the Hearing Conservation Program who have time-weighted average (TWA) noise exposures of 85 dBA or greater for an eight (8) hour work shift will be required to have both a baseline and annual audiograms. The audiograms will be provided by (*company name*) designated physician, audiologist or qualified technician at no cost to the employee.

2. The baseline audiogram will be given to an employee within six (6) months of employment with (*company name*) and before any exposure to high noise levels. Annual audiograms will be performed within one year from the date of the previous audiogram. It is the responsibility of the *Safety Supervisors* in coordination with the *Superintendent* to schedule the baseline and annual audiograms.

3. If an annual audiogram shows that an employee has suffered a standard threshold shift, the employee will be retested within thirty (30) days of the annual audiogram. If the retest confirms the occurrence of a standard threshold shift, the employee will be notified in writing within twenty-one (21) days of the confirmation. Employees who do experience

a standard threshold shift will be refitted with hearing protection and provided more training on the effects of noise.

Hearing Conservation Standard Operating Procedure

Responsibilities

Exposed workers

- Use hearing protection in areas of exposure and when STS has been detected in the individual worker.
- Comply with the standards on the use and preservation of hearing protection equipment.
- Every individual entering an area of exposure must use the hearing protection equipment approved by the Safety Department.

Health and Safety Coordinator

- Send written notification to those workers who need to use hearing protection because of STS, and to their respective supervisors, to ensure that they use suitable hearing protection equipment.
- Follow-up corrective action when a miner is found to have incurred a work-related standard threshold shift (change in hearing sensitivity for the worse relative to the miner's baseline audiogram, or revised baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear).
 - Within 10 working days of receiving the results of any required audiogram or follow-up evaluation, a miner must be notified in writing of the following:
 - the results and interpretation of the audiometric test, including any finding of a standard threshold shift or reportable hearing loss; and
 - the need and reasons for any further testing or evaluation, if applicable.
 - a reportable hearing loss is a change in hearing sensitivity for the worse, relative to the miner's baseline audiogram, or revised baseline audiogram, of an average of 25 dB or more at 2000, 3000, and 4000 Hz in either ear.
- Ensure that measurements are carried out by a doctor, with experience as a registered audiologist.
- Ensure that the audiometer used in the medical examinations complies with Standard ANSI S3.6-1996.
- Keep records of the audiograms, to be filed in each worker's Occupational Case History. These files must be kept for at least six (6) months after the worker has left the company.
-
- **Report to MSHA** any reportable hearing loss, unless a physician or audiologist has determined that the loss is neither work-related nor aggravated by occupational noise exposure. Reportable hearing losses are considered by MSHA as a noise-induced hearing loss under part 50, and are to be reported to MSHA on Form 7000-1. This is in addition to the current reporting requirements of Part 50.

Supervisors

- Verify compliance with the use of hearing protection by employees working in the areas of exposure.
- Make sure that workers with STS use hearing protectors.

- Make sure that the noise protection equipment in the work areas is in good condition and the correct noise reduction rating for area being used (formula: NRR minus 7 = noise reduction limit).
- **Example 1**
 - Ear plugs with NRR of 25 dBA subtract 7 = 18
 - exposure = 100 dBA
 - 100 minus 18 = 82 dB therefore okay
- **Example 2**
 - same plugs
 - exposure = 125 dBA
 - 125 minus 18 = 107 dB not acceptable; must be below 85 dB
- Verify that noise levels are measured regularly in the work area.

Safety Supervisors

- Ensuring that Baseline test is obtained on all new employees.
- Ensuring that annual tests and retesting get scheduled and completed by coordinating with the site Superintendent. Health and Safety Promotions Coordinator will supply you with information pertaining to annual dates and retest information.
- Follow-up corrective action when a miner is found to have incurred a work-related standard threshold shift (change in hearing sensitivity for the worse relative to the miner's baseline audiogram, or revised baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear) is as follows:
 - retrain the miner in accordance with Section 62.180 of the final rule; and documentation of training.
 - retain written records of Hearing conservation training along with employees sign-in sheet.
 - provide the miner with the opportunity to select a new or different hearing protection from among those offered by the mine operator in accordance with Section 62.160 of this part; and
 - review the effectiveness of any engineering and administrative controls to identify and correct any deficiencies.
- Conduct meetings to investigate the reasons for increases in STS among workers, as necessary.
- Monitor, define, and report the areas of exposure.
- Provide training on noise hazards.
- Must make sure there is a minimum stock of hearing protection equipment available.

Procedure / Guideline

Annual Audiometric Testing

- Audiometric testing will be offered to all employees on an annual basis.
- All individuals testing will complete the annual audiometric questionnaire (attached) prior to being tested; forward questionnaires to Health and Safety Promotions Coordinator at Reno Corp Office.

Baseline Audiogram

- Baseline Audiogram: All new hires must answer the baseline audiometric questionnaire (attached), and their hearing ability in each ear must be examined at frequencies of 500, 1000, 2000, 4000, 6000 or 8000 Hz. Must be forwarded to Health and Safety Coordinator at Corp Office.

- Normal Audiogram: when the arithmetic mean of the frequencies of 2000, 3000 and 4000 Hz. is lower to or equal than, 25 dB. Must be forwarded to Health and Safety Promotions Coordinator at Reno Corp Office.
- Occupational Acoustic Trauma: when the hearing loss at 4000 Hz is greater to, or equal than, 30 dB regardless of the levels of 2000, 3000 and 4000 Hz. and recovery at the frequency of 6000 or 8000 Hz., also taking into consideration the worker's background of exposure to occupational noise.
- Presbycusis or hearing loss due to old age: when the hearing loss at 6000 or 8000 Hz. is greater to or equal than, 30 dB regardless of the levels at the other frequencies.

Hearing protection

- The hearing protection equipment must be available in different models to enable the worker to select the one which is physically best suited to his/her ear.
- Hearing protection is required under the following conditions:
 - Anytime a person is exposed to 85 dB or greater for any length of time. Hearing protection is recommended at 80-84 dB.
 - Workers with STS.
- Employees must wear dual hearing protection (i.e., ear plugs and muffs) when noise levels are equal to or greater than 100 dB.

Monitoring the noise level

- Work areas must be monitored with a noise meter and a noise dosimeter to determine whether the noise level and exposure time are acceptable.
- If areas of exposure are detected, individual sampling must be performed to determine possible impact and control the source of the noise. The following aspects must be taken into account:
 - Noise level.
 - Exposure time.
 - Job being done.
 - Activities involved in the job.

Controls

Engineering controls must be the first option when trying to reduce noise levels, considering noise reduction at the source and noise reduction along the path. Then, administrative controls as well as work best practices must be used in order to ensure that workers are not exposed to noise exceeding 85 dB(A).

Maintenance

Applicable engineering controls must be kept in good operative condition. In order to do this, the area responsible must manage a maintenance program for installed equipment.

Temporary & Standard Threshold Shift (TTS & STS)

- Employees experiencing an unconfirmed standard threshold shift shall be retested to determine if the individual does in fact have a STS; or if the individual has experienced a TTS.
- Retesting shall be conducted as soon as feasibly possible, but not to exceed 30 days.
- If the results from the retest indicate that the individual does have a STS; then they shall be notified in writing within 21 days.
- A copy of their results will be sent to the audiologist or physician and the employee will be referred for follow-ups as determined necessary by the audiologist or physician.
- Employee will receive training in hearing conservation and given an opportunity to select new/different hearing protection devices.

Training

- New or transferred staff must be given the following information during their induction:
 - General concepts regarding the Hearing Preservation Program.
 - The different types of hearing protection equipment available.
 - How to inspect, use, and maintain the hearing protection equipment.
- All staff must receive booster talks during group meetings and safety huddles.

AUDIOMETRIC BASELINE QUESTIONNAIRE

Name: _____ Last 4 of SSN: _____
 Date: _____

Work Area: _____ Occupation: _____

| | | |
|--|-------|------|
| Have you been exposed to any loud noise in the past 14 hours? | Yes | No |
| If you have been exposed to loud noise in the past 14 hours, did you wear hearing protection? | Yes | No |
| Do you routinely wear hearing protection? If yes, which type do you wear? Ear Muffs / Ear Plugs / Canal Caps | Yes | No |
| Have you ever had any problems with your ears? (If yes, describe on other side.) | Yes | No |
| Have you had any previous occupational noise exposure? Please List: _____ | Yes | No |
| Have you ever been in the military? Dates _____ | Yes | No |
| Do you have any noisy hobbies? (Examples – firearms, power tools, loud engines, or other current jobs) List: _____ How long? _____ | Yes | No |
| Are you Right or Left Handed? | Right | Left |
| Do you have any blood relatives with a hearing loss due to anything other than age or work related? | Yes | No |
| Can you hear better in one ear? If yes, which ear is best? Right Left | Yes | No |

Do you currently have any of the following that may affect your hearing test?

Have you ever had any of the following?

| | | |
|---|-----|----|
| Ear Infections | Yes | No |
| Chicken Pox | Yes | No |
| Measles | Yes | No |
| Doctor's appointment for any ear problems? Describe on back | Yes | No |
| Mumps | Yes | No |
| Meningitis | Yes | No |
| Head Injury/ Knocked Unconscious? Describe on back | Yes | No |

| | | | |
|--------------------------------|------|-------|------|
| Pain in your ears | Left | Right | None |
| Ringing | Left | Right | None |
| Excess Wax in Ear Canals | Left | Right | None |
| Hearing Aid How long? _____ | Left | Right | None |
| Dizziness | | Yes | No |
| Sinus problems | | Yes | No |
| Allergies | | Yes | No |
| Head Cold | | Yes | No |

This audiometric test is conducted in accordance with MSHA 30 CFR Part 62 - Occupational Noise Exposure. If your test results indicate that you may have a significant problem with your hearing, you will be notified and sent in for follow-up with an off-site hearing specialist.

I certify that the above information is correct to the best of my knowledge.

Employee's Signature

Examiners use only – Do not write below this line

Attach Hearing
Test Results
(Audiogram)

Examiner's Signature –Certification & Number

Annual Audiometric Questionnaire

I verify the above information is correct to the best of my knowledge.

| | |
|--|-------------|
| Name: | Date: |
| Work Area: | Occupation: |
| Last 4 of Social Security Number: | |
| Have you had any problems with your ears in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) | |
| Do you wear hearing aids? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ear: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both | |
| Do you wear hearing protection on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type(s): <div style="margin-left: 40px;"> <input type="checkbox"/> Earmuffs <input type="checkbox"/> Earplugs <input type="checkbox"/> Canal Caps </div> | |
| Do you <u>currently</u> have any of the following that may affect your hearing test today? | |
| Pain in your ears? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ear: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both | |
| Ringing in your ears? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ear: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both | |
| Excess wax in ear canals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ear: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both | |
| Dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sinus Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Head Cold? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Employee Signature

Examiner's Signature _____ Certification & Number _____

Attach
Hearing
Test
Results
(Audiogram)