

Hearing protection

Workers are often exposed to on-the-job noise that can permanently damage hearing.

Too much noise is 85 decibels (dBA) for 8 hours or its equivalent (85 dBA Lex). If you have to shout to talk to people, the noise level is probably over 90 dBA. 91 dBA for 2 hours will give you the same dose as 85 dBA for 8 hours.

It is important to wear hearing protection when exposed to noise from loud equipment and tools.

The employer is responsible for providing a minimum of 3 options of protection. Earmuffs or earplugs are acceptable.

As communication with co-workers may be critical, hearing protectors that do not block out too much sound should be worn, such as

- Custom-molded earplugs with vents
- Earplugs with a connecting cord
- Class B earplugs in conditions of < 95 dBA
- Earmuffs
- Electronic earmuffs or earplugs

Many types of hearing protectors are available. Several factors determine which is the best protector for an individual worker. The two most important factors are comfort and noise exposure level.

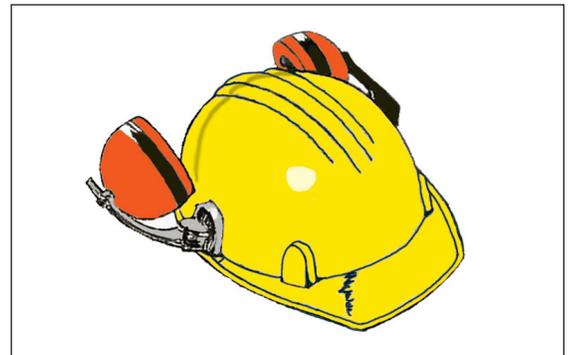
Other considerations when choosing a hearing protector include

- Physical requirements on the job (climbing, bending, lying down)
- Hearing levels of the workers
- Temperature in the workplace
- Use of other personal protective devices
- Physical characteristics of the worker—for example, size and shape of head or ear canals

Workers exposed to 85dBA Lex (daily noise exposure of a worker) must have their hearing tested once per year by persons authorized by WorkSafeBC.

A hearing test includes discussion of

- The test results and what they mean
- What follow-up by the worker may be required
- Hearing protection—an in-depth look at use, care, fit, maintenance, suitability, preferences, etc.



There are many options for hearing protection in manufacturing.

More information on hearing protection can be found on www.worksafebc.com.

Project: _____ Address: _____

Employer: _____ Supervisor: _____

Date: _____ Time: _____ Shift: _____

Number on shift: _____ Number attending: _____

Other safety issues or suggestions made by attendees:

Record of those attending:

Name: (please print)	Signature:	Company:
1.		
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Manager's remarks: _____

Manager: _____ Supervisor: _____

(signature)

(signature)



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