



## Collection Form for Noise Objective Data

### Purpose:

CPWR-The Center for Construction Research and Training is creating a database of noise exposure data that construction contractors can use to predict worker exposure to noise.

Exposure monitoring data can be incorporated into CPWR's database only if specific information is gathered during the exposure monitoring process. The enclosed "Noise Objective Data Collection Form" was developed to facilitate the collection of the required data and information. To ensure the confidentiality of individuals and organizations that contribute to this database, no personal identifiers, such as individual and company names, contact information, monitoring site location, etc., will be shared with anyone outside of the CPWR research team compiling this database.

### How you can help:

As a safety and health professional, you can help CPWR compile a robust exposure database by:

- Completing the CPWR Noise Objective Data Collection Form when conducting noise monitoring. Please make sure to fill out all white fields.
- Sending the completed form to CPWR at:

CPWR-The Center for Construction Research and Training  
Attn: Sara Brooks  
8484 Georgia Avenue, Suite 1000  
Silver Spring, MD 20910-5618  
Phone: (301) 578-8500  
Fax: (301) 578-8572  
Email: [sbrooks@cpwr.com](mailto:sbrooks@cpwr.com)

If you have any questions or concerns, please contact Sara Brooks at (301) 495-8532

Sampling Instructions:

1. Calibrate the Sound Level Meter (SLM) or dosimeter both before and after the measurement period following the instructions of the manufacturer.
2. If possible, turn off other noise sources.
3. Take measurements for the various activities of the equipment. For example, a wood chipper could be measured while idling, while chipping light brush, and while chipping thick branches. Each activity may produce a different noise level.
4. Record the duration, the type of noise<sup>1</sup>, the Leq, the Lavg, and the material disturbed.

If using a **SLM or SLM “App”**:

1. Set time weighting to “slow.”
2. Set frequency weighting to “A.”
3. Set the threshold to 80 dBA.
4. Take noise measurements with the microphone in the “hearing zone” of the worker. The microphone should be between 3 - 12 inches from the equipment operator’s ear, perpendicular to the ground, and pointing towards the noise source.
5. Take at least 3 measurements, each for at least 15 seconds.
6. Do not measure or include any noise that is impact/impulse (short burst of noise that is very loud, like a gunshot).

If using a **dosimeter**:

1. If possible, select both NIOSH (85/3) and OSHA (90/5) criterion levels.
2. Secure the microphone of the dosimeter to the worker’s shoulder.
3. Take at least 3 measurements, each for at least 15 seconds.

<sup>1</sup>The type of noise is steady if the level stays fairly constant, fluctuating if the level changes, and intermittent if there are periods of noise and periods of quiet.

Please return this form to:

Sara Brooks

[sbrooks@cpwr.com](mailto:sbrooks@cpwr.com)

CPWR-The Center for Construction Research and Training 8484 Georgia Ave., Suite 1000, Silver Spring, MD 20910

Phone: 301-578-8500 Fax: 301-578-8572

CONTACT INFORMATION
Name:
Company:
Email:
Phone:



### Noise Objective Data Collection Form

DATE

**\*\*Note: All white fields are required.**

*MEASURING DEVICE (required)			
Device Type: <input type="checkbox"/> Sound Level Meter <input type="checkbox"/> Dosimeter <input type="checkbox"/> Smartphone App		Phone type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Other	
Pre-Calibration <input type="checkbox"/>	External microphone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Windscreen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/model or app name:
Post-Calibration <input type="checkbox"/>			
Comments:			

SAMPLING LOCATION			
Site Name:	*Environment (required): Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	Temperature (°F):	*Wind speed (mph) (required):
Comments:			

EQUIPMENT INFORMATION	
*Tool Type (required):	*Manufacturer (required):
*Model (required):	Serial #:
Accessories used:	*Good Working Order (required): <input type="checkbox"/> Yes <input type="checkbox"/> No
Tool Comments:	

	Duration (sec)	Type of Noise (steady, fluctuating, intermittent)	Leq (dBA)	Lavg (dBA)	Material Disturbed	Description of Activity
1						
2						
3						
4						
5						
6						
7						
8						
9						

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