EXTENDED QUESTIONNAIRE FOR OSHA RECORDABLE HEARING LOSS DETERMINATION  
(PLEASE ANSWER ALL QUESTIONS)

Name:  
Company:  
Assessed Noise Exposure (TWA):  
Shift Duration:  
  - 8 Hrs  
  - 12 Hrs

1. What type of hearing protectors do you use at work?  
   - None  
   - Foam Earplugs  
   - Ear Muffs  
   - Canal Caps  
   - Custom  

2. If known, what is the labelled attenuation (NRR) on your protectors?

3. What percentage of time do you wear hearing protectors at work when exposed to noise?  
   - 0%-Never  
   - 5-20%-Rarely  
   - 25-50%-Occasionally  
   - 55-75%-Most of the time  
   - 80-95%-Often  
   - 100%-Always  

4. Do you currently have any of the following ear related complaints?  
   - Ear Pain  
   - Ear Drainage  
   - Feeling Of Fullness  
   - Sudden Hearing Loss  
   - Severe Ringing In The Ear (s)  

5. Have you been diagnosed by a physician with any of the following?  
   - Kidney Disease  
   - Viral Infection  
   - Meniere’s Disease  
   - Vestibular Disorder  
   - Schwannoma/Acoustic Neuroma  
   - Otosclerosis  
   - Cholesteatoma  
   - Cancer/Chemotherapy/Radiation  
   - Severe Allergies  
   - Frequent Ear Wax Impaction  
   - Ear Injury/Perforated Eardrum  
   - Head Injury/Concussion  

6. Do you work with any of the following chemicals?  
   - Toluene  
   - Xylene  
   - Styrene  
   - Methyl Ethyl Ketone (MEK)  

7. Do you work in noise coming from one side?  
   - No  
   - Yes; If Yes, which ear is most affected?  

8. Do you wear a shoulder mounted radio?  
   - No  
   - Yes; If Yes, which position of the speaker best applies?  
   - Closer to Left Ear  
   - Closer to Right Ear  
   - Positioned on Center of chest  

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9. Have you been exposed to a work related blast? ☐ No ☐ Yes; If Yes which ear was most affected? ◐ Left Ear ◐ Right Ear

10. Do you work a noisy second job? ☐ No ☐ Yes

11. Have you served in the military? ☐ No ☐ Yes If Yes, Dates of service__________Branch__________

Were you noise exposed? ☐ No ☐ Yes

Did you wear hearing protection? ☐ No ☐ Yes

12. Do you discharge firearms? ☐ No ☐ Yes If Yes, what type(s)? _____________________________________________

If Yes, how many rounds a year?_______________If Yes, what type of shooting? ☐ Hunting ☐ Target ☐ Both

If Yes, do you wear hearing protection? ☐ No ☐ Yes ☐ Varies

13. Are you left or right handed? ☐ Left ☐ Right

14. Off-the-job activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Do you use hearing protection when performing the activity?</th>
<th>Duration of the task per Week, Month, or Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Metal work/grinding</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Chain saw/chipper</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Air Tools</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Farm implements</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Leaf Blower/Lawn mower</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Loud cars/boats/motorcycle/racing</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Aviation</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Music/concerts</td>
<td>☐ Yes ☐ No ☐ Varies</td>
<td></td>
</tr>
<tr>
<td>☐ Music devices (e.g. iPod)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Yes, which ear is most affected?

☐ Left Ear ☐ Right Ear ☐ Both

Additional comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Employee Signature:

_____________________________________________________________________________________

Date: _____/_____/20 _____

***ATTENTION SITE CONTACT***

-This form may be emailed to determinations@tkontheweb.com
-This form may be faxed to: 815.332.5175
-This form may be mailed to:

T K Group, Inc./1781 S. Bell School Rd.
Rockford, IL 61016
ATTN: Data Processing

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