

Jay Industries, Inc.
Hearing Conservation
Pre-Test Questionnaire

COMPLETE THIS FORM AND BRING IT WITH YOU TO THE HEARING TRAILER

First Name: _____ Last Name: _____

Dept/Area _____ Supervisor Name: _____

Please complete the following questions:

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| 1. Have you been aware of any hearing loss? | NO | YES |
| 2. Do you wear hearing protection during off-job noisy activities? | NO | YES |
| 3. Have you had dizziness or balance problems? | NO | YES |
| 4. Have you had ringing or roaring in your ears? | NO | YES |
| 5. Have you had exposure to firearms? | NO | YES |
| 6. Are you on prescription drugs? | NO | YES |
| 7. Have you served in the Military? | NO | YES |
| 8. Have you ever had your hearing tested? | NO | YES |
| 9. Have you ever worked in noise? | NO | YES |
| 10. Do you have excessive ear wax? | NO | YES |
| 11. Have you had earaches or ear drainage? | NO | YES |
| 12. Do you have any noisy hobbies? | NO | YES |
| 13. Have you had a severe head injury? | NO | YES |
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| Do you use hearing protection on the job? | NO | YES |
| Were you exposed to noise in the last 14 hours? | NO | YES |
| Have you had a recent cold or sinus? | NO | YES |
| Have you seen a physician recently for ears or hearing? | NO | YES |