



**Mobile Hearing Testing
Schedule**

Date _____

- This form is an effort to provide an easy and cost effective method to obtain mobile hearing testing services. Please provide us a copy of your schedule **no less than one week** prior to the start of mobile hearing testing.
- Print up to 4 names in the space provided allowing 15 minutes per test group (16 per hour).
- To meet training requirements, a DVD may be viewed prior the hearing test. If this is desired, please allow 20 minutes per test group (12 per hour).
- An otoscopic (visual) examination will be performed prior the hearing test.
- We can provide instructions and print test results in 16 languages. Therefore, in the space provided, please identify which language should be used.
- Please group or separate OSHA from MSHA employees and Hearing Conservation Program (required) and the Hearing Wellness Program (encouraged) employees.

Please print

Company			
Street			
City	State:	ZIP:	
Contact	Phone:		
Email			

Please circle your response

Which Federal Noise Standard is to be used?	OSHA	MSHA
Should those scheduled watch the training DVD?	Yes	No
Do you have a Hearing Wellness Program?	Yes	No
Is a language other than English required?	Yes	No

Key

Hearing Test Only	15 minutes per test	16 per hour
Training & Hearing Test	20 minutes per test	12 per hour

(800) 357-5759

**13071 Adobe Walls Drive • Helotes, Texas, 78023-5112 • (210) 695-4707 • Fax (210) 695-4705
E-mail: info@precision-hearing.com • Web site: www.precision-hearing.com**

Hr	Time	Language	No	Employee Name	No	Employee Name
-----------	-------------	-----------------	-----------	----------------------	-----------	----------------------

1.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
2.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
3.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Notes:

Hr	Time	Language	No	Employee Name	No	Employee Name
4.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
5.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
6.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Notes:

Hr	Time	Language	No	Employee Name	No	Employee Name
7.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
8.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
9.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Notes:

Hr	Time	Language	No	Employee Name	No	Employee Name
10.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
11.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Hr	Time	Language	No	Employee Name	No	Employee Name
12.			1		2	
			3		4	
			5		6	
			7		8	
			9		10	
			11		12	
			13		14	
			15		16	

Notes:
