

Employee's Name: _____ SSN or EID: _____ Date: _____

Audiogram

Baseline
 Annual
 Retest
 Exit
 OSHA
 MSHA
 FRA
 Other

Noise Exposure Level: dB(A)

Audiometer Serial Number:

Audiometer Calibration:
Month Day Year

Test Environment Certification:
Month Day Year

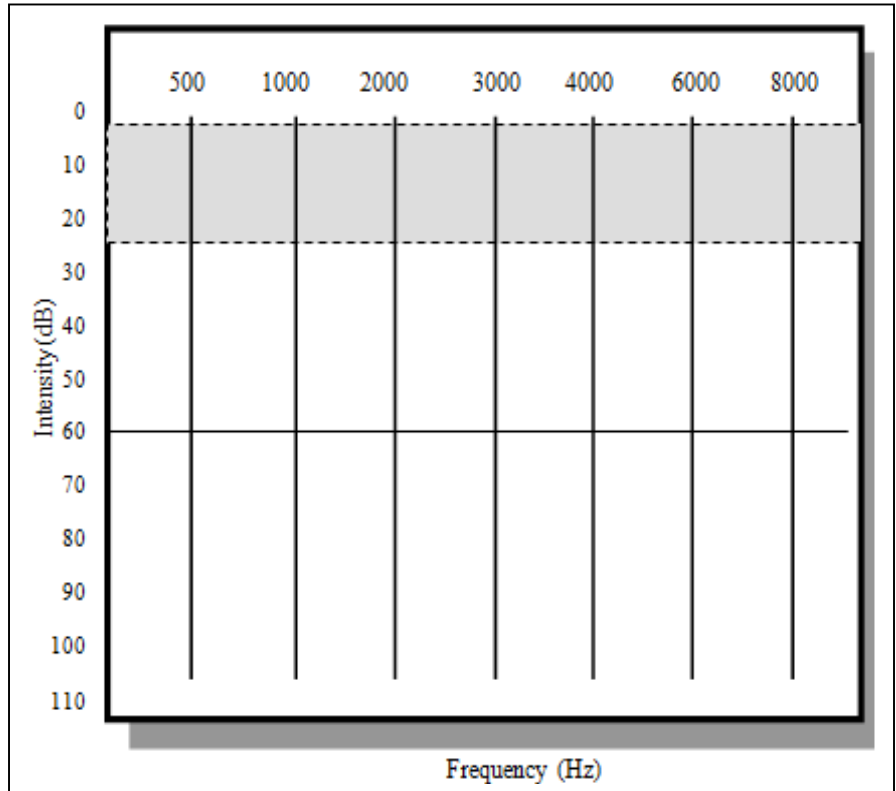
Baseline Left:
Month Day Year

Baseline Right:
Month Day Year

	.5K	1K	2K	3K	4K	6K	8K
Right							
Left							

Key

Right	Red	O
Left	Blue	X



Staple
Microprocessor
Results Here

Comments:

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