



Building:			Room/Location:					
Area Posted:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> No	Hearing Protection In Use:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> No	
Sound Level Meter Results								
Sample #								
<i>Source Description</i>								
<i>Measurement Location</i>								
<i>Noise Pattern</i> C = Continuous IN = Intermittent IM = Impulse/Impact								
<i>Noise Source Labeled</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Noise Radius (ft)</i>	at 85 dBA	at 85 dBA	at 85 dBA	at 85 dBA	at 85 dBA	at 85 dBA	at 85 dBA	
	at >96 dBA	at >96 dBA	at >96 dBA	at >96 dBA	at >96 dBA	at >96 dBA	at >96 dBA	
	at 140 dB(P)	at 140 dB(P)	at 140 dB(P)	at 140 dB(P)	at 140 dB(P)	at 140 dB(P)	at 140 dB(P)	
	at 165 dB(P)	at 165 dB(P)	at 165 dB(P)	at 165 dB(P)	at 165 dB(P)	at 165 dB(P)	at 165 dB(P)	
<i>Meter Response</i> F = Fast S = Slow I = Impulse/Impact	F S I	F S I	F S I	F S I	F S I	F S I	F S I	
<i>Result</i>	dBA	dBA	dBA	dBA	dBA	dBA	dBA	
	dB Peak	dB Peak	dB Peak	dB Peak	dB Peak	dB Peak	dB Peak	
Comments:								
Diagram								