

Determination of Noise Level Test Data Sheet

Task Number: _____

Date: _____

Manufacturer: _____

Item Tested: _____

Room dba: _____

Trial #1

Trial #2

NIOSH #	Subject	Left Ear	Right Ear	Left Ear	Right Ear	Max dba	PASS/FAIL
	Manikin					85	
	#1					80	
	#2					80	
	#3					80	

Comments: _____