TOOLBOX TALK

HEARING PROTECTION

Being around loud sounds for long periods can permanently damage your hearing. Once the tiny nerves inside the ear are harmed, they cannot be repaired. This can happen anywhere – on the job, at home, or during leisure activities. Common sources include power tools, machinery, headphones, concerts, and recreational vehicles. Even a small increase in noise (just 3 decibels) actually doubles the sound level.

Noise Hazards

- Hearing damage can occur when sound levels reach 85 decibels (dB) or more over an 8-hour shift.
- If you need to shout to communicate with someone standing a few feet away, noise levels are probably too high.
- Warning signs of hearing loss include ringing in the ears (tinnitus) and difficulty understanding speech.
- Hearing loss usually develops slowly, without pain, so it often goes unnoticed until it is permanent.
- If a noise is painful to your ears, it is well above safe levels.
- A sudden exposure to 140 dB or higher can cause instant and irreversible hearing loss.

Reducing Noise Exposure

- Reducing the number of noise sources lowers overall sound levels.
- Installing sound-absorbing materials or reducing equipment vibration can help cut noise.

Hearing Protection

- If you must shout to talk to someone at arm's length, wear hearing protection – the noise is likely above 85 dB.
- Choose earplugs or earmuffs that fit comfortably and wear them every time you're in a noisy environment.
- Disposable foam earplugs must be inserted correctly. If unsure, ask your supervisor for guidance.
- Always insert or remove earplugs with clean hands to avoid ear infections.
- Take regular breaks away from loud noise when possible.
- Watch for posted signs that indicate hearing protection is required.

Questions for Discussion

1. What is the primary source of noise in your work area?

2. What action can be taken to reduce the level of noise in your work area?

COMMENTS

At Alltask, we take pride in our responsibilities towards our team members, customers and the community

BRIEFING ATTENDANCE HEARING PROTECTION

Given by		**Signature**	
Site Location		**Date**	
Start Time		**Finish Time**	

I HAVE READ OR HAVE BEEN BRIEFED AND UNDERSTAND THE BRIEFING THAT HAS BEEN GIVEN TO ME

Name	Position	Date	Signature

Return to Training Dept.
Training Department Action

Recorded ☐ Training Matrix ☐ Documents Filed ☐ Date: .....