

## Hearing Retest Refusal Form

It has been communicated to me by the City of Bend that my initial annual hearing test indicated a potential threshold shift. Oregon OSHA recognizes that these tests may not be 100% indicative of a true standard threshold shift in hearing for a variety of reasons, and allows an employer to request that the employee be retested in order to confirm the results.

I understand that in my employment with the City of Bend I may be exposed to noise levels high enough to potentially put me at risk for permanent hearing damage. I acknowledge that I have received a copy of the Hearing Conservation section of the Health & Safety Program Manual, and have had an opportunity to ask any questions I may have about the risk of noise exposure.

I also acknowledge that I have been given the opportunity to have my hearing retested as indicated by Oregon OSHA (Occupational Safety and Health Administration) at no charge to myself. However, at this time I am declining to have my hearing retested.

I further understand that I will still be required to wear all appropriate personal protective equipment (PPE) to protect my hearing as described in the Hearing Conservation section of the Health & Safety Program Manual, in addition to following all of the requirements listed therein.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager Name: \_\_\_\_\_

Safety Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Even though you are declining to have your hearing retested you may, at any time during your employment with the City of Bend, notify your supervisor and request to have your hearing tested at no cost to yourself. This does not, however, apply if your job position has changed and you are no longer exposed to noise levels high enough to put you at risk for hearing damage.