

Hearing Test Refusal Form

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 tested 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 tested.

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 tested 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.