Approved RCN-5103-2

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5139 (Rev. 3-03)	SOUND LEVEL SURVEY REPORT	REPORT NUMBER (RNO)

SOUND LEVEL METER		CALIBRATED						
MFG.		MFG.		INITIAL SURVEY		RE-SURVEY		OTHER
MODEL	TYPE	MODEL		INDOOR		OUTDOOR		
SN		SN	Wind Screens Will Be Used On All Measurements Indoors and Outdoors					
DATE CALIBRATED		DATE CALIBRATED						
ILLUSTRATE PAGE 2 WITH DESCRIPTION OF AREA WHERE NOISE SURVEY IS CONDUCTED								

IDENTIFY SPECIFIC WORK LOCATION AND NOISE SOURCE	DBA READING	DBC READING	TWA	FULL NAME, RATE OR JOB TITLE, AND SSN OF EXPOSED PERSONNEL	PLUGS ☐ MUFFS ☐ NONE ☐
1				1	☐ ☐ ☐
2				2	☐ ☐ ☐
3				3	☐ ☐ ☐
4				4	☐ ☐ ☐
5				5	☐ ☐ ☐
6				6	☐ ☐ ☐
7				7	☐ ☐ ☐
8				8	☐ ☐ ☐
9				9	☐ ☐ ☐
10				10	☐ ☐ ☐

COMMENTS:

UNIT NAME: LOCATION: OPFAC NO.:	TIME	DATE	NAME AND TITLE OF PERSON TAKING SURVEY

PREVIOUS EDITIONS ARE OBSOLETE

COPY TO G-KSE-3, COPY FOR FILES, LIST OF NAMES TO MEDICAL DEPARTMENT

Reset

DIAGRAM OF AREA AND OPERATIONS

Instructions: Include a diagram of the operation or work area; indicate the primary noise source by a circled "A", and secondary noise sources by circled "B" etc.; workers shall be identified by circled numbers indicating relative position(s) to the noise source which should coordinate with names of exposed workers on page 1 of this form. One number may appear on the diagram several times if the employee moves to two or more positions having differing sound levels. Identify: type of machinery, model number, manufacturer, dimensions, kind of deck, overhead and bulkhead surfaces.

Has area previously been designated and labeled noise hazardous? ☐ Yes ☐ No
Retain one file copy for 20 years, mail one copy to G-CSP-4.

Noise exposed personnel list must be transmitted to medical department for monitoring.

Reset