MINERALS COUNCIL
SOUTH AFRICA

NOISE-INDUCED HEARING LOSS (NIHL) INVESTIGATION FORM

Investigation and report as per requirements of Section 11 of the MHSA, 29 of 1996 and

Protection of Personal Information Act 4 of 2013 applies.

This form is confidential and must be submitted to the DMPR as required under the Mine Health and Safety Act.

NB: Define Critical Stakeholders including risk owner at the beginning of every investigation

INCIDENT NUMBER (REF NO.)		DATE OF DIAGNOSIS (DIAGNOSTIC AUDIOGRAM)		DATE OF INVESTIGATION	

PART 1: GENERAL INFORMATION

DIVISION (MINING / ENGINEERING / PROCESS / PROJECTS / SERVICES)	
OPERATION	
SHAFT / PRODUCTION AREA	
WORKPLACE (UNDERGROUND / SURFACE)	
DATE OF INVESTIGATION	
DATE OF INCIDENT (SCREENING DATE)	
DATE OF ENGAGEMENT	
DATE OF BASELINE	
PLH SHIFT % (FROM BASELINE)	

SECTION 2: PERSONAL PARTICULARS OF AFFECTED EMPLOYEEE

SURNAME	
NAME(S)	
ID NUMBER	
COMPANY NUMBER	
DATE OF BIRTH	
AGE	
GENDER	
OCCUPATION / JOB TITLE	
DURATION IN CURRENT OCCUPATION	
YEARS OF EXPERIENCE (MINING INDUSTRY)	
TOTAL YEARS WORKING IN NOISY ENVIRONMENT	

SECTION 3(A): WORKPLACE INFORMATION

DETAILS:	DESCRIPTION:												COMMENTS:
WORKPLACE LOCATION:													
SECTION:													
SHIFT													
MINE OVERSEER / ENGINEER / HOD													
TYPE OF WORK: (MARK WITH AN X)	STOPING		DEVELOPMENT		CONSTRUCTION		EQUIPPING		ROVING		ENGINEERING		
	SMELTING		CONCENTRATING		SURFACE / SERVICES		SHAFT SINKING		TRACKLESS		OTHER		
SHIFT WORKED: (MARK WITH AN X)	MORNING		AFTERNOON		NIGHT		OTHER						
IF ANSWER IS OTHER (INDICATE SHIFT TYPE, I.E. DAY SHIFT)													
DAYS WORKED PER WEEK: (MARK WITH AN X)	5 DAYS		6 DAYS		7 DAYS		OTHER						
IF ANSWER IS OTHER (INDICATE THE NUMBER OF DAYS WORKED, I.E. 4 DAYS)													
HOURS WORKED PER DAY: (MARK WITH AN X)	7		8		9		10		11		12		

ADDITIONAL COMMENTS:

_____
_____
_____
_____
_____

SECTION 3(B): WORKPLACE EVALUATION

(TO BE COMPLETED BY SECTION ENGINEER / LINE MANAGER IN CONJUNCTION WITH OCCUPATIONAL HYGIENIST)

HISTORICAL NOISE EXPOSURE:

HISTORICAL WORKPLACE DESCRIPTION	OCCUPATION	NOISE SOURCE EXPOSURE (ESTIMATE BASED ON RISK PROFILE WHERE REQUIRED)	YEARS OF EXPOSURE

CURRENT EQUIPMENT/SOURCE OF EXCESSIVE NOISE INVOLVED:

NOISE SOURCE	NOISE LEVEL (dBA)	CONTROLS IN PLACE	TYPE OF CONTROL (ENGINEERING/STANDARD/PPE)	CONTROL EFFECTIVENESS	MAINTENANCE PLAN (Y/N/NA)

EXPOSURE TO OTOTOXIC CHEMICALS:

WORKPLACE	NAME OF HAZARDOUS CHEMICAL SUBSTANCES	MSDS INDICATE OTOTOXIC AND NEUROTOXIC CHEMICALS	ACTIVITY REQUIRING THE USE OF THE CHEMICAL	CONTROL MEASURES IN PLACE

SECTION 4: PERSONAL NOISE EXPOSURE (HEG CLASSIFICATION AND DOSIMETRY RESULTS)

SHAFT/OPERATION	OCCUPATION	START DATE	END DATE	HEG LOGARITHMIC AVERAGE (DBA)

ADDITIONAL COMMENTS:

_____
_____
_____
_____
_____

SECTION 5(A): HEARING PROTECTION INFORMATION

WAS THE EMPLOYEE ISSUED WITH HPD? IF YES, WHEN?	
DID THE EMPLOYEE USE THE HPD? IF YES, DOES THE EMPLOYEE STILL USE THEM?	
WAS THE EMPLOYEE TRAINED ON USE, CARE & LIMITATIONS OF HPD? IF NOT, REASON?	
TYPE OF HPD USED	

(PRE-MOULDED / FOAM / FIBERGLASS / SILICONE / EARMUFFS / OTHER)	
DOES THE HPD IN USE OFFER ADEQUATE PROTECTION? IF YES, WHAT DB(A) PROTECTION?	
DOES THE EMPLOYEE HAVE A PERSONAL DISLIKE FOR THE HPD IN USE? IF YES, WHAT PROTECTION WOULD THEY PREFER?	

SECTION 5(B): HEARING PROTECTION DEVICE HISTORY

DATE ISSUED	DATE SERVICED	PASSED OR FAILED FITMENT	REPLACEMENT FREQUENCY	COMMENT

SECTION 6: SELF-REPORTED EMPLOYEE NON-WORK-RELATED EXPOSURE OPPORTUNITIES

LISTENING TO LOUD MUSIC (ATTENDING FESTIVALS, CHURCH, ROCK CONCERTS, MUSIC IN MOTOR/TAXI, ETC.)	☐	*(Detail)*
PLAYING IN A BAND OR MUSICAL INSTRUMENTS AT HOME	☐	
WOOD WORKING (GRINDING, CUTTING, DRILLING)	☐	
METAL WORKING (GRINDING, CUTTING, WELDING)	☐	
HUNTING	☐	
SPORT SHOOTING	☐	
AUTO REPAIRS	☐	
MOTOR BIKING	☐	
GARDENING (LAWNMOWER, WEED-EATER, BUSH CUTTER)	☐	
BAKING (MIXER, BLENDER)	☐	
RADIO CONTROL CARS / AEROPLANES	☐	
RACE CAR DRIVING	☐	
FLYING AEROPLANES	☐	
OTHER (SPECIFY)	☐	

SECTION 7 (A): OCCUPATIONAL MEDICAL INDICATORS

(TO BE COMPLETED BY OCCUPATIONAL DOCTOR/ MEDICAL PRACTITIONER)

EXAMINATION	YES/NO	COMMENTS
MEDICAL CONDITION		
HAVE YOU HAD AN EAR INFECTION?		
HAVE YOU HAD AN EAR OPERATION?		
TYMPANIC MEMBRANE NORMAL		
EAR CHANNEL NORMAL		
TRAUMA		
OTIS MEDIA		
MASTOIDITIS		
OTORRHOEA		

HEAD INJURY		
ARE YOU ON ANY MEDICINE?		
OTOTOXIC DRUGS		

SECTION 7 (B): PERCENTAGE LOSS OF HEARING (PLH) SHIFT HISTORY

OCCUPATION	DATE	PLH SHIFT (%) / DIAGNOSTIC AUDIOGRAMS

ADDITIONAL COMMENTS:

_____
_____
_____
_____
_____

SECTION 8: INVESTIGATION TEAM

INVESTIGATING TEAM; NAME & SURNAME	DESIGNATIONS

SECTION 9(A): INVESTIGATING QUESTIONS (EXAMPLES)

QUESTIONS	RESPONSIBLE PERSON	RESULT (YES/NO)
HAVE THERE BEEN ANY DISCIPLINARY WARNINGS ISSUED FOR FAILING TO WEAR HPDS?		
DID THE SUPERVISOR CHECK AT MEETINGS/AT THE WAITING PLACE THAT EMPLOYEES HAD PPE (INCL. HPD)?		
DID THE SUPERVISOR/FOREMAN CHECK PPE & HPD USAGE AT THE WORKPLACE?		
DOES THE EMPLOYEE WEAR PPE CORRECTLY (INCLUDING HPD)?		
SUB-STANDARD ACT/S:	**RESPONSIBLE PERSON**	**RESULT (YES/NO)**
WEARING SUB-STANDARD PPE:		
USING PPE INCORRECTLY:		
RULES / REGULATIONS IGNORED:		
FAILURE TO WEAR P.P.E:		
SUB-STANDARD CONDITIONS:	**RESPONSIBLE PERSON**	**RESULT (YES/NO)**
INADEQUATE SIGNAGE		
NO / INADEQUATE PPE		
UN-ATTENUATED EQUIPMENT		
HIGH NOISE LEVELS		

BASIC CAUSES:	RESPONSIBLE PERSON	RESULT (YES/NO)
INADEQUATE INDUCTION / TRAINING:		
ON-THE-JOB TRAINING NOT GIVEN:		
LACK OF KNOWLEDGE REGARDING SHE ASPECTS OF THE JOB:		
LACK OF COACHING:		
JOB FACTORS:	**RESPONSIBLE PERSON**	**RESULT (YES/NO)**
INADEQUATE INVOLVEMENT / LEADERSHIP IN PREVENTING THE INCIDENT:		
INADEQUATE SUPERVISION OVER PPE USAGE:		
LACK OF COMMITMENT:		
INADEQUATE COMMUNICATION:		
WRONG /SUBSTANDARD EQUIPMENT:		
EQUIPMENT NOT CHECKED:		
NO RELEVANT TASK-OBSERVATION CONDUCTED:		
NO / INADEQUATE MONITORING OF WEARING OF P.P.E:		
PERSONAL FACTORS:	**RESPONSIBLE PERSON**	**RESULT (YES/NO)**
SELF-INFLICTED		
PERSONAL CHOICE		
LACK OF UNDERSTANDING RISK:		

SECTION 9(B): DATA COLLECTION SUMMARIZED: KEY RISK INDICATORS

CATEGORY	FAILURE
PEOPLE	
ENVIRONMENT	
EQUIPMENT	
PROCEDURES & DOCUMENTS	
ORGANISATION	
NON-OCCUPATIONAL EXPOSURES/FACTORS	

SECTION 9(C): RECOMMENDATIONS TO PREVENT SIMILAR INCIDENTS

PEEPO STEP	RECOMMENDED CORRECTIVE ACTIONS	ACTION SIGNED TO / RESPONSIBLE PERSON	COMPLETION DATE
PEOPLE			
ENVIRONMENT			
EQUIPMENT			
PROCEDURES & DOCUMENTS			
ORGANISATION			
NON-OCCUPATIONAL EXPOSURES/FACTORS			

SECTION 10: IMMEDIATE ACTIONS

PLEASE SELECT SUITABLE ACTION			
ELIMINATE THE SOURCE OF EXPOSURE		PROVIDE MORE EFFECTIVE PPE	
REMOVE ALL PERSONNEL FROM SOURCE OF EXPOSURE		INSTRUCT PERSON ON THE CARE AND USE OF PPE	
REDUCE THE EXPOSURE TIME TO THE SOURCE OF EXPOSURE		CONDUCT MEDICAL TESTING EVERY 6 MONTHS	
MOVE THE INDIVIDUAL TO A QUIETER		REPEAT THE CURRENT MEDICAL TEST	
SEND THE INDIVIDUAL FOR TRAINING		REFER TO A SPECIALIST	

SIGN-OFF

MINE MANAGER (3.1 APPOINTEE):		OCCUPATIONAL HYGIENIST (12.1 APPOINTEE):	
NAME(S)		NAME(S)	
SURNAME		SURNAME	
SIGNATURE		SIGNATURE	
DATE		DATE	
ENGINEER (2.13.1 APPOINTEE):		**OCCUPATIONAL MEDICINE PRACTITIONER (13.1 APPOINTEE):**	
NAME(S)		NAME(S)	
SURNAME		SURNAME	
SIGNATURE		SIGNATURE	
DATE		DATE	
EMPLOYEE:		**WORKPLACE SUPERVISOR:**	
NAME(S)		NAME(S)	
SURNAME		SURNAME	
SIGNATURE		SIGNATURE	
DATE		DATE	
FULL-TIME HEALTH AND SAFETY REPRESENTATIVE:		**EMPLOYEE REPRESENTATIVE:**	
NAME(S)		NAME(S)	
SURNAME		SURNAME	
SIGNATURE		SIGNATURE	
DATE		DATE	