

CBTA
Occupational Noise
SP/TRN/TM80

Candidate's Name:

Candidates Signature:

Assessor's Name:

Assessor's Signature:

Date Completed:

CBT A

Reassessment:

To demonstrate competence this CBTA is to be completed once.

Written

Question	Answer	Assessor check
What is occupational noise?	Noise in the workplace	
What is the maximum exposure limit?	85Db over a 8 hour shift.	
What must we do to ensure that we aren't exposed to excessive noise?	theck the work area is not identified as noisey, imitime spent in noisey area's , hering po he chin.	
Identify three potential actions that can be taken to minimise the risk of personnel being exposed to excessive noise. Think of the hierarchy of controls when selecting controls.	Elimination, Sunstitution, Isolation, Engineering, Administration, PPE. Elimination of loud equipment, swap out loud equipment for quieter ones, Engineer a hush box around loud equipment.	
What causes hearing loss?	Loud noise over a period of time damages the fine hairs inside your ears.	The

Oral

Question	Assessor check	
Name the three major parts of the ear.	Auricle (outer ear) Tympanic cavity (middle ear) Cochlea (inner ear)	
Name three factors that commonly cause ear infections.	Alle gles, Bacteria, Fungi	
inicctions.		
Name three symptoms or effects of an ear infection.	Mild deafness Earache Itchiness of the ouler car	700
Prior to fitting a foam earplug what should you check to prevent an ear infection?	How clean your hands and ear plugs are.	
What is the approximate noise generated from an operating compressor?	9 <u>0-144</u> db	
According to the Australian Standard, what type of hearing protection should be used if working in the compressor building for extended periods of time?	Category 5 - Double hearing protection such as car plugs and ear muffs.	

Demonstrative

Question	Assessor check
Using the diagrams in the presentation, demonstrate the correct in	sertion of foam earplugs.
Ty.	
The candidate is assessed as being:	
The candidate is assessed as being: Competent Not yet competent	
□ Not yet competent	
Areas requiring improvement:	Contraction of the contraction o
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For first time candidates only:	
Department Manager's name:	
Department Manager's signature:	
Date:	