

# Car Wash Enterprises, Inc.

## HEARING CONSERVATION PROGRAM TRAINING

**Location:** \_\_\_\_\_

**Employee:** \_\_\_\_\_

**Type of Training:** ☐ Videotape ☐ Oral ☐ Computer based  
☐ Refit/Retrain

Initial training should be conducted when first assigned to a position involving hazardous noise exposure.

My signature below certifies that I have received the following training.

- 1) The effects of noise on hearing;
- 2) The purpose of hearing protectors, the advantages, disadvantages and attenuation of various types and instructions on selection, fitting, use and care;
- 3) The purpose of audiometric testing and an explanation of the test procedures;
- 4) The right to access to access my records as specified in WAC 296-62-0904

_____	_____	_____
Date	Employee Name (print)	Employee Signature

_____	_____	_____
Date	Trainer Name (print)	Trainer Signature