NOISE MEASUREMENT REPORT

Name/Address of Sound Source
_____
_____
_____
_____

Date of Measurement _____**Day of Week** _____
Investigating Agent, Agency:
_____
Name and Title of Responsible Party if Advised of Complaint:
_____

Description and Location of Sound Source Under Investigation for Potential Violation of Noise Code, Including Operation of Facility, Duty Cycle of Sound Source, and if Representative of the Normal Operation of the Facility:
_____
_____
_____

Description and Location of Neighborhood Residual Sounds (Fairly Constant in Nature and Not from Source Facility):
_____
_____

Description and Location of Extraneous Sounds (Intermittent in Nature and Not from Source Facility):
_____
_____

Description of Instrumentation: Make Model# ANSI Type Serial # Last Certified
Sound Level Meter_____
Sound Level Calibrator_____
Wind Screen (yes/no) _____Wind Meter (y/n) _____ Other _____
Time of Calibration/Battery Checks (Before, After, Every Hour) _____
Weather Conditions: Precipitation (y/n) _____ Ground Wet (y/n) _____ Temperature: _____ºF
Wind Speed, With Time Taken_____

Measurement of Neighborhood Residual Sound:
Time Start/Finish Reading dBA/C or Hz; S/F/I Type of Residual (source off, etc.) Location of Measurement/Comments
_____
_____
_____
_____

Measurement of Total Sound:
Time Start/Finish Reading dBA/C or Hz; S/F/I Corrected (Source) Level Location of Measurements /Comments
_____
_____
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_____

Findings _____
_____

Time On-site _____ **Completion Time** _____ **Total Time On-site** _____

Sound Measured By: **Report Reviewed and Approved By (If Necessary):**

_____ _____

INCLUDE SITE SKETCH ON REVERSE (with source, walk-around route, and exact measurement locations)

Sound Source _____ **Date** _____

Measurement of Neighborhood Residual Sound:

Time Start/Finish	Reading	dBA/C or Hz; S/F/I	Type of Residual (source off, etc)	Location of Measurement/Comments

Measurement of Total Sound:

Time Start/Finish	Reading	dBA/C or Hz; S/F/I	Corrected (Source) Level	Location of Measurements /Comments